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...THE...
AMERICAN FUNERAL RECORD

A READY REFERENCE DAY BOOK FOR UNDERTAKERS

A few words of Explanation to the man who enters up the order for Funeral Arrangements:

This Record Book will be of great assistance to your profession in recording funerals and arrangements for same, correctly, intelligently and completely. You will find it prudent to enter all items that are given therein, as in doing this you will not only enhance the prestige of the profession, but also create admiration and confidence of your patrons in your work. Record items of a deceased are looked for at the Undertakers' quite frequently, and the more exact the record is kept with data that have bearing on the funeral, the better will be the results.

In entering up your work, observe the following:

Do not hesitate to get and fill in all possible information to make the biographical record of the deceased complete. Such items as date of birth, occupation of the deceased, single or married, religion and age, are matters of biographical record and should be entered up exactly and correctly in every case.

The two clauses, "Order given by," and "How secured," are important. They will assist you materially in overcoming the embarrassment incident to asking security for an account. It is also of importance to have party who orders the funeral sign in the space provided for at bottom of sheet.

The clause "Cause of Death" is essential for several reasons: 1, to know whether the subject died of a contagious disease; 2, to adopt correct measures for embalming; 3, to ascertain necessity of disinfection, among others.

The pleasing and correct rotation, observed in the bill of items to be charged, is an essential and most practical feature of the chart, and this part of the record alone is worth the price of the book. Fill out such items as you were called upon to furnish, and leave the others blank. Read all items carefully when you render bill, in order to be sure that you have not omitted any charge. The extra lines on bill of items are for such charges as the printed items may not provide.

The Ledger part on bottom of each page will enable you to keep account of your entire funeral work in this book, though you may prefer to transfer the total of the bill as one item into your regular Ledger.

This Funeral Record has been compiled after close study into the proper requirements of your profession. It is the result of years of experience, and, if you will carefully enter up the spaces provided in this book, you will find that every item that might possibly be needed for future reference, is recorded.

THE PUBLISHER.

Bound Books (Indexed):

150	Page	No. 4150
200	"	No. 4200
300	"	No. 4300
450	"	No. 4450
500	"	No. 4500
600	"	No. 4600
1000	"	No. 5000

Loose-Leaf Form:

Binder, Heavy, metal re-inforced black leatherette	No. 4800
Binder, Gray cloth	No. 4803
Binder, Gray cloth (transfer)	No. 4810
Index, indestructible, red leatherette tabbed	No. 4801
Index, cloth tabbed	No. 4804
Funeral Record sheets, entries as for Bound Books, per 100	**No. 4802**
Funeral Record sheets, 100 to the pad	**No. 4805**
Pocket Memo note book (not indexed)	No. 4050

☞ *See Rules on "Funeral Ethics" on Next Page*

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LONG BEACH, CALIFORNIA

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F. J. FEINEMAN
St. Louis, Mo.

FUNERAL ETHICS

Details of funeral work may vary slightly in different communities, but the following rules of FUNERAL ETIQUETTE apply generally. While the Funeral Directors are conversant with matters pertaining to well conducted funerals, the suggestions set forth herein cannot fail to prove of interest and value and perhaps reveal points worthy of close observance.

In all things use good judgment and cool deliberation in performing your work, and remember that you are not called upon to console the bereaved, but to take care of the remains, and do that in the most competent and least ostentatious way.

Be courteous and polite under any and all circumstances, however trying. Refrain from alluding to your work as a "job"; it is not only bad form, but is also apt to offend your patrons. Term it a "call", a "funeral", or "an order".

Perform your work in a quiet and considerate manner and make as few requests of the family as possible. Talk in an undertone while at the funeral house.

When selling the Casket and Furnishings, ascertain what means there are, and how much money is calculated to be expended for the funeral, then recommend the highest class of goods within the amount.

Should you be confronted with the argument that lower prices than yours are quoted or promised by associations or parties who solicit funerals on a life subscription plan, you may well ask the customer if he or she had investigated the promoters financial responsibility. If it becomes absolutely necessary, meet the price, rather than lose the business. But you yourslf had better investigate the contracts of those promoters to discover the weaknesses and flaws in them, then point them out honestly to your patrons. (See resolutions adopted in October, 1937, by the "Disabled Veterans of the World War, St. Louis Chapter No. 1.")

If offered in security an insurance policy of a Company you are not familiar with, you can make inquiry at the "Better Business Bureau" or at the insurance commissioner's office of your state.

Take correct note of all arrangements for the funeral. Be sure that you have a clear understanding with your customer on all points pertaining to the funeral arrangement, and then note same into your Funeral Record Book. Also be careful that you have the correct spelling of name of the deceased for the newspapers, etc. A memorandum sheet of the "AMERICAN" Funeral Record will assist you greatly in these functions.

Further take note carefully of the biographical items, such as religion, occupation, age, etc., and insert them in the spaces provided for in this Record Book. Items of record of a deceased are often inquired for at the Undertaker's, and by keeping complete record, your patrons will see for themselves that you are doing your work on up-to-date principles, and that a funeral is handled by you better than a mere "putting the body under ground". Death Certificate, memorandum sheet on which the order was taken, newspaper clippings, and notations should be placed in an envelope and filed for possible future reference.

At the Funeral the Funeral Director should dress in a dark, preferably black suit, and should wear a black necktie; but in summer he may wear an all white suit if he prefers.

Use Badge consisting of delicate flowers or smilax with lavender or gray ribbon on the door, instead of the antiquated crepe.

Avoid all delay, hitch, or any misunderstanding among your helpers. Instruct bearers, drivers and others beforehand.

In some cases use Matting, and possibly a Tent, at the cemetery to keep off rain or intense sunlight. The bereaved will often appreciate such suggestion. Lining with evergreen helps very materially to make a grave seem less distressing during interment.

Paint or stain the Outside Box or Shipping Case.

At the funeral services the sermon precedes the speeches of lodge members, whose speeches are usually made at the grave. If societies attend in a body the principal services are held at the grave; Roman Catholic always at the church. Where both the WHITE SHRINE and the EASTERN STAR are represented, the WHITE SHRINE functions first, because the Commitment in the EASTERN STAR ceremony really concludes the service.

Order of funeral cortege is best arranged as follows: Minister's Automobile, Automobile with Pallbearers, Hearse, Chief mourners Automobile and automobiles of friends. If Lodge members conduct the rites, the Lodge members lead the procession.

At military funerals place Flag on Casket with the field (stars) over left side of casket (indicating positon over the heart). Poppies may be placed on the Flag but no other flowers. In procession in which flags are carried, the **NATIONAL FLAG** must always be carried to the right of all other flags, and in change of formation it must never be crossed with other flags.

Where the deceased is buried without any religious service, or where the mourners are unable to engage the services of a clergyman, the Undertaker may officiate and offer the prayer. Stillborns are buried by the undertaker alone; it is unusual that any of the family attend the interment.

If remains are to be shipped, depart from the house, the funeral parlor or the church in time to reach the depot at least one hour before train time.

Where bodies are neither embalmed nor put on ice, keep in coolest place possible. Perhaps best is between two open windows, with the shades drawn down as far as needed; use a bleacher frequently over face and hands of the deceased. Where death resulted from a contagious disease, follow State regulations.

While the chief mourners are turning from the grave and the friends ar still there, it is fitiing that the Funeral Director, in behalf of the family, say a few words to their friends, expressing appreciation for their floral offerings and for their sympathy.

Let the entire funeral be conducted in a dignified and well-ordered manner, and you will have conferred a lasting favor upon those who required the need of your service. This is the best method of advertising which an Undertaker can employ, and is the stepping stone for sure success.

THE PUBLISHER.

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Jan 21 1954

Name of Deceased Alfonso Den

☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence Sonoma State Home

☐ Husband ☐ Wife ☐ Widow } or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Dr. Alfred G. Den

Address 1801 I St. Washington DC.

Order given by Office National 8-2540

Res. Oliver 2-6833 (or informant)

How Secured .....

If Veteran, Name of War no

Occupation None

(Social Security Number)

Employer and Address .....

Date of Death Jan 21 1954 6:45 a.
(Mo.) (Day) (Yr.) (Hour)

Date of Birth April 25 1903 Age 50
(Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St Frances
(Address)

Clergyman .....

Religion of the Deceased Catholic

Birthplace California

Resided in the State .....
(or U. S. or City or County) (Years) (Months)

Place of Death Sonoma State Home

Cause of Death Shock

Contributory Causes Rupture of Duodenal Peptic Ulcer - Hemorrhage

Certifying Physician J. M. Stubblebine M.D.
(or Coroner)

His Address Eldridge, Cal -

Name of Father Alfonso Den,

His Birthplace Italy

Maiden Name of Mother Linda Taylor

Her Birthplace Italy -

Date of Funeral Jan 23 - Sat 9 A. M.
(Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

Size of Casket 9406 - slip Cap -
(State Color and Number)

Manufactured by Golden State C. Co.

Cemetery / Crematory } Hazden Funeral Home Santa Barbara

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

.....

Sister's Sister's Name .....

Complete Funeral (except outlays) $		
Casket	258	-
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		1 29
Dressing Body, $ ..... Underwear, $		3
Suit or Dress (State Kind and Color)		3 87
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station Santa Barbara Charges		
Getting Remains from Grave	1 25	-
Taking Remains to Opening	35	-
Trip to Coroner's Inquest Priest	7.	50
Delivering Box to Fun. Home & Vault	165	-
Deliver Flowers to Sales Lot	3.	00
Removal Charges		
Procuring Burial Permit (State Number and District)		
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax $		
Outlay for Lot Express Charges	28	74
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service Mass (Father Geary)	15	00
Telephone to Santa Barbara	2	50
...line Death Notices in ..... Papers		
(Names of Newspapers)		
Sales Tax	3.	87
Total Footing of Bill $	643	61
Less Disc $	3	87
Balance $	639	74
Entered into Ledger, page ..... or below.		

Miscellaneous .....

.....

Date		Amount Paid		Balance		Date		Amount Paid		Balance	
Mrs. Geo. Gehrke	To Above Balance			$			To Balance Forward			$	
4532 Fruitridge Rd	By Payment	$		$		Jan 23	By Payment	$ 639	74	$	
Sacramento, Cal -	" "	$		$			" Full -	$		$	
	" "	$		$			" "	$		$	
	" "	$		$			" "	$		$	
	" "	$		$			" "	$		$	

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to .....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within .....days from date. Interest to accrue from maturity at the rate of .....% per annum.

Signed .....

Witness ..... Address .....

Revised by W. W. Feineman, Long Beach, California

2

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Jan. 22. 1954

Name of Deceased Frances Martha Hons W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 27 Dunnyside Ave. Agua Caliente ☐Husband ☐Wife ☐Widow of Henry Fred Hons

Charge to Henry Fred Hons Age of Husband or Wife (if living)..... Years

Address Abbott

Order given by (or informant)

How Secured

If Veteran, Name of War no

Occupation At home no (Social Security Number)

Employer and Address

Date of Death Jan 22 1954 11:55 A (Mo.) (Day) (Yr.) (Hour)

Date of Birth Nov 6 1888 Age 65 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev. Richardson Sonoma (Address)

Religion of the Deceased Prot

Birthplace New York

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death District Hospital

Cause of Death

Contributory Causes

Certifying Physician Vernon Silvershield (or Coroner)

His Address Santa Rosa, Cal.

Name of Father Henseroth

His Birthplace

Maiden Name of Mother

Her Birthplace

Date of Funeral Jan 25, Monday 10 A. M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to

Size of Casket 1.95 & C. Grey & Coutch (State Color and Number)

Manufactured by Golden State Co. Co.

Cemetery / Crematory } Chapel of the Chimes S.R.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	
Casket		345 —
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $		
Suit or Dress (State Kind and Color)		50
Slippers, $ Hose, $		17 3/
Folding Chairs, $ Tarpaulin, $		7 5
Candelabrum, $ Candles, $		5.17
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		45 —
Flowers, $ Palms, $ Matting, $		
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ Singers, $ Organist, $		
Railroad / or Motor } Tickets, $ Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service Music - Cooke - Marcucci		10 —
Rev Richardson -		10 —
line Death Notices in Papers		
Local (Names of Newspapers)		3. 61
Examiner		6 11
Sales Tax		5.18
Total Footing of Bill	$	424 90
Less 17.25 - 30 days	$	17 25
Balance	$	407 65

Entered into Ledger, page ..... or below.

Miscellaneous

HONS—In Sonoma, Calif., January 22, 1954, Frances Martha, dearly beloved wife of Henry Fred Hons of Agua Caliente, beloved aunt of Raymond Flint of Piedmont, Francis Flint of San Rafael, Russell Flint of San Francisco and the late Peter Flint; a native of New York, aged 65 years.
Friends are invited to attend the funeral services Monday, January 25, at 10 a. m. at the Chapel of Bates & Evans, Sonoma, Calif. Inurnment, Chapel of the Chimes, Santa Rosa.

		Amount Paid		Balance		Date		Amount Paid		Balance	
13	lines			$			To Balance Forward			$	
		$		$		Jan 23	By Payment	$ 50	—	$	
		$		$		Feb 1 1954	on acct	$ 250		$	
		$		$		Feb 4, 54	In full	$ 107	65	$	
	" "	$		$			" "	$		$	
	" "	$		$			" "	$		$	

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness.....

Address.....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Jan. 27 1954

Name of Deceased Arthur Francis Newlon W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 24 Hillcrest Ave Fellers Springs ☐Husband ☐Wife ☐Widow of Margaret

Charge to Margaret Newlon Age of Husband or Wife (if living)..... Years

Address Above

Order given by (or informant)

How Secured

If Veteran, Name of War ? ?

Occupation Ret. Attendant No. (Social Security Number)

Employer and Address Sonoma State Home

Date of Death Jan. (Mo.) 27 (Day) 1954 (Yr.) 7:25 P. (Hour)

Date of Birth Feb. (Mo.) 16 (Day) 1888 (Yr.) Age 65 (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Masonic Lodge Sonoma (Address)

Religion of the Deceased Prot.

Birthplace Mansfield, Ohio

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death

Contributory Causes

Certifying Physician Michael M. Mikita M.D. (or Coroner)

His Address Boyes Springs

Name of Father Thomas R. Newlon

His Birthplace Pennsylvania

Maiden Name of Mother Jennie Stoner

Her Birthplace

Date of Funeral Jan. 30 (Date) Sat. (Day of Week) 10 A. (Hour) M.

Motor / Ship } Remains to

Size of Casket Large (State Color and Number)

Manufactured by Sutter Casket Co.

Cemetery / Crematory } Chapel of the Chimes

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	
Casket		430
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress Lee & Lay (State Kind and Color)		1 55
Slippers, $ ..... Hose, $ Stock 2.75 8		2 83
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		5.00
Door Spray, $ ..... Gloves, $		21 150
Funeral Car, $ ..... Ambulance, $		275
Limousines to Cemetery ..... @ $		219 25 3
Extra Limousines ..... @ $		7 75
Autos to R. R. Station ..... @ $		5
Getting Remains from		6
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
~~Deliver~~ Flowers ~~to~~		30 90
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		45 —
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service Masonic Lodge Music - Dunbar - Marriner Jr.		10 —
..... line Death Notices in ..... Papers		
Local (Names of Newspapers)		3 61
Sales Tax		6 45
Total Footing of Bill	$	530 34
Less 21.50 30 days 3%	$	3
Balance	$	533 34 21 58
Entered into Ledger, page ..... or below.		511 84
Miscellaneous		

Date		Amount Paid	Balance	Date		Amount Paid	Balance
To Above Balance		$	$		To Balance Forward	$	$
By Payment		$	$	Feb. 2 54	By Payment	$	$
" "		$	$		In full	511 84	$
" "		$	$		" "	$	$
" "		$	$		" "	$	$
" "		$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Revised by W. W. Feineman, Long Beach, California

4

RECORD OF FUNERAL

Total No. 1 Yearly No. ..... Date of Entry Feb 3 19 54

Name of Deceased Leopold Walter W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Rt 1 Bx 250 Sonoma, Cal — ☐Husband ☐Wife ☐Widow } Kate Ethel

or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Kate Walter

Address above

Order given by ..... (or informant)

How Secured .....

If Veteran, Name of War Wa

Occupation Ret. Waiter 561-01-3008 (Social Security Number)

Employer and Address Ret

Date of Death Feb 3, (Mo.) (Day) 54- (Yr.) 7:25 P. (Hour)

Date of Birth Aug 23 1884 (Mo.) (Day) (Yr.) Age 69 (Yrs.) (Mos.) (Days)

Services at Mountain View Crematorium Oakland

Clergyman ..... (Address)

Religion of the Deceased Prot

Birthplace Germany

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma District Hospital

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician Michael M. Mekita MD (or Coroner)

His Address Boyes Hot Springs

Name of Father .....

His Birthplace Germany

Maiden Name of Mother Adelaide Moltz

Her Birthplace Germany

Date of Funeral Feb 5 (Date) Friday (Day of Week) 2 P. (Hour) M.

Motor Ship } Remains to .....

Size of Casket S.S.H. Grey Arm (State Color and Number)

Manufactured by Golden Gate Co.

Cemetery Crematory } Mountain View Crematorium

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

.....

Complete Funeral (except outlays)	$	
Casket		328 —
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		40 3/4
Slippers, $ ..... Hose, $		9 2
Folding Chairs, $ ..... Tarpaulin, $		4 —
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		50 —
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced ~~2 cpe~~		~~2 00~~
Out of town Funeral Director's Charges		
Personal Service Minister		10 —
~~2 cpe~~		~~2~~
....line Death Notices in ..... Papers		
Examiner		5 46
(Names of Newspapers)		
Oakland		3 61
		4 92
Sales Tax		
Total Footing of Bill	$	401 99
Less 16.40 - 30 days	$	16 40
Balance	$	385 59
Entered into Ledger, page ..... or below.		

Miscellaneous .....

.....

Date		Amount Paid		Balance		Date		Amount Paid		Balance	
2/4/54	Statement			$			To Balance Forward			$	
		$		$			By Payment	$		$	
		$		$		Feb 5, 1954	on Acct	$ 60	—	$	
		$		$		Feb 11, 1954	" In full	$ 325	59	$	
		$		$				$		$	
	" "	$		$			" "	$		$	

WALTER—In Sonoma, Calif., February 3, 1954, Leopold Walter, dearly beloved husband of Kate Walter of Boyes Hot Springs; a native of Germany, aged 69 years. A member of Local No. 126, Culinary Workers, San Rafael.
Private funeral services Friday, February 5, at 2 p. m., at the Chapel of Mt. View Crematorium, Oakland.
Friends may call at the Chapel of Bates & Evans, Sonoma, Calif., until Friday, 11 a. m. (Contributions to American Cancer Society preferred.)

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Feb 7 1954

Name of Deceased Clyde G. Orsborn W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 435 Patton St. Sonoma Cal. ☐Husband ☐Wife ☐Widow of Emma V.

Charge to Mrs. Emma V. Orsborn Age of Husband or Wife (if living)..... Years

Address above —

Order given by (or informant)

How Secured

If Veteran, Name of War yes W.W.I

Occupation Machinist 559-05-2431 (Social Security Number)

Employer and Address Mare Island Navy Yard

Date of Death Feb. (Mo.) 7 (Day) 1954 (Yr.) 3P (Hour)

Date of Birth March (Mo.) 17 (Day) 1890 (Yr.) Age 63 (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Temple Lodge #14 F & A.M. — (Address)

Religion of the Deceased Prot.

Birthplace Pennsylvania

Resided in the State (or U. S. or City or County) (Years) (Months)

Complete Funeral (except outlays)	$	821 —
Casket		
Burial Vault or Box (State Kind)		15 —
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		41 50
Candelabrum, $ ... Candles, $		15
Door Spray, $ ... Gloves, $		42 50 3
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		6 50
Extra Limousines ... @ $		12
Autos to R. R. Station ... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
... and District)		
...esNo. ... or Coroner's)		
...hapel, $		
...	$	
...tting, $		
... Vault, $		
...evice, $		
...ganist, $		
...ervice, $		
...rges		
...ruel		10 —
...arges		
...e #14		
...ueen Jr		10 —
...line Death Notices in ... Papers		
... Local		3 61
... Examiner - 2 days (Names of Newspapers)		17 64
... Democrat		5 —
Sales Tax		12 77
Total Footing of Bill	$	895 02
Less 41.80 - 30 days 6-CC	$	6 00
Balance	$	

Entered into Ledger, page ... or below.

Miscellaneous

Miscellaneous

3/1/54 statement

February 8, 1954 19___ NO. 07336

RECEIVED FROM Bates & Evans Funeral Directors

Discharge papers for Clyde G. Orsborn (deceased) DOLLARS

SIGNED Wife
Mrs. Emma V. Orsborn

$ ___ HOW PAID | BALANCE DUE Emma V. Orsborn

SUNSET-McKEE CO. OAKLAND LOS ANGELES FORM NO. 55

Manufactured by

Cemetery / Crematory Golden Gate National Cem —

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

ORSBORN—In Sonoma, February 7, 1954, Clyde G. Orsborn, dearly beloved husband of Mrs. Emma V. Orsborn of Sonoma, beloved brother of Frank Orsborn of Morro Bay, Calif., Mrs. Thomas Holmes of Tampa, Fla., and the late John S. Orsborn; a native of Pennsylvania, aged 63 years. A member of Deer Lodge No. 14, F. & A. M., Deer Lodge, Montana; Al Malaikah Temple, Los Angeles; Long Beach Consistory and Sonoma County Shrine Club

Friends are invited to attend the funeral services Thursday, February 11, at 11:00 a. m., at the Chapel of Bates & Evans, Sonoma, Calif., under the auspices of Temple Lodge No. 14, F. & A. M., assisted by the Rev. Ernest Morrill. Interment, Golden Gate National Cemetery, San Bruno.

	Amount Paid		Balance		Date			Amount Paid		Balance	
lance			$				To Balance Forward			$	
	$		$				By Payment	$		$	
	$		$		March	4	On acct	709	22	$	
	$		$		mar	29	" In full	180	—	$	
	$		$				" "	$		$	
	$		$				" "	$		$	

Insurance $ ... Names of Lodges ... Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from maturity at the rate of ...% per annum.

Signed ...

Witness ... Address ...

Revised by W. W. Feineman, Long Beach, California

4

RECORD OF FUNERAL

Total No. 1 Yearly No. ..... Date of Entry Feb 3 19 54

Name of Deceased Leopold Walter W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Rt 1 Bx 250 Sonoma, Cal — ☐Husband ☐Wife ☐Widow } Kate Ethel

or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Kate Walter

Address above

Order given by ..... (or informant)

How Secured .....

If Veteran, Name of War Wa

Occupation Ret. Waiter 576-01-3008 (Social Security Number)

Employer and Address Ret

Date of Death Feb 3, (Mo.) (Day) 54- (Yr.) 7:25 P. (Hour)

Date of Birth Aug 23 1884 (Mo.) (Day) (Yr.) Age 69 (Yrs.) (Mos.) (Days)

Services at Mountain View Crematorium Oakland

Clergyman ..... (Address)

Religion of the Deceased Prot

Birthplace Germany

Resided in the State ..... (or U. S. or City or County) (Years) (Mo

Place of Death Sonoma District Hos

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician Michael M. Mekita (or Coroner)

His Address Bayes Hot Springs

Name of Father .....

His Birthplace Germany

Maiden Name of Mother Adelaide Molt

Her Birthplace Germany

Date of Funeral Feb 5 (Date) Friday (Day of Week) 2 P (Hou

Motor / Ship } Remains to .....

Size of Casket S.S.H. Grey Arm (State Color and Number)

Manufactured by Golden Gate C. Co.

Cemetery / Crematory Mountain View Crematorium

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

.....

.....

Complete Funeral (except outlays)	$	
Casket		328 —
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		16 3/4
Slippers, $ ..... Hose, $		9 2
Folding Chairs, $ ..... Tarpaulin, $		4
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
2 [illegible]		
....line Death Notices in ..... Papers		5 46
Examiner (Names of Newspapers)		
Local		3 61
Sales Tax		4 92
Total Footing of Bill	$	401 99
Less 16.40 - 30 days	$	16 40
Balance	$	385 59

Entered into Ledger, page ..... or below.

Miscellaneous .....

Date		Amount Paid		Balance		Date		Amount Paid		Balance	
2/11/54	Statement			$			To Balance Forward			$	
		$		$			By Payment	$		$	
		$		$		Feb 5, 1954	On Acct	$ 60	—	$	
		$		$		Feb 11, 1954	" In full	$ 325	59	$	
		$		$				$		$	
	" "	$		$			" "	$		$	

WALTER—In Sonoma, Calif., February 3, 1954, Leopold Walter, dearly beloved husband of Kate Walter of Boyes Hot Springs; a native of Germany, aged 69 years. A member of Local No. 126, Culinary Workers, San Rafael.
Private funeral services Friday, February 5, at 2 p. m., at the Chapel of Mt. View Crematorium, Oakland.
Friends may call at the Chapel of Bates & Evans, Sonoma, Calif., until Friday, 11 a. m. (Contributions to American Cancer Society preferred.)

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Feb 7 1954

Name of Deceased Clyde G. Orsborn W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 435 Patton St. Sonoma Cal. ☐Husband ☐Wife ☐Widow } Emma V.

or..... of } Age of Husband or Wife (if living)..... Years

Charge to Mrs. Emma V. Orsborn

Address above

Order given by (or informant)

How Secured

If Veteran, Name of War yes W.W.I

Occupation Machinist 559-05-2431 (Social Security Number)

Employer and Address Mare Island Navy Yard

Date of Death Feb (Mo.) 7 (Day) 1954 (Yr.) 3P (Hour)

Date of Birth March (Mo.) 17 (Day) 1890 (Yr.) Age 63 (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Temple Lodge #14 F & A.M. (Address)

Religion of the Deceased Prot.

Birthplace Pennsylvania

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death

Contributory Causes

Certifying Physician C. K. McGrath M.D. (or Coroner)

Its Address Sonoma, Calif.

Name of Father

Its Birthplace

Maiden Name of Mother Elizabeth Waters

Her Birthplace

Date of Funeral Feb 11, (Date) Thurs. (Day of Week) 11 A.M. (Hour)

Motor / Ship } Remains to

Size of Casket Graten Metal dealer (State Color and Number)

Manufactured by A.T. Casket Co

Cemetery / ~~Crematory~~ } Golden Gate National Cem.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

3/1/54 statement

Complete Funeral (except outlays)	$ 82 1 —
Casket	
Burial Vault or Box (State Kind)	15 —
Embalming Body (Name of Embalmer)	
Barber, $ Hair Dressing, $	
Dressing Body, $ Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ Hose, $	
Folding Chairs, $ Tarpaulin, $	4 10 50
Candelabrum, $ Candles, $	15
Door Spray, $ Gloves, $	4 2 50 3
Funeral Car, $ Ambulance, $	
Limousines to Cemetery @ $	6 50
Extra Limousines @ $	
Autos to R. R. Station @ $	12
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
___Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	
Pall Bearer Service, $ Use of Chapel, $	
Gross Total for Sales Tax $	
Outlay for Lot	
Cremation	
Flowers, $ Palms, $ Matting, $	
Rental of Tent, $ of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $ Singers, $ Organist, $	
Railroad or Motor Tickets, $ Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced Rev. Morrill	10 —
Out of town Funeral Director's Charges	
Personal Service Temple Lodge #14	
Music - Dunbar - Mercuccio Jr.	10 —
line Death Notices in Papers	
Local	3 61
(Names of Newspapers) Examiner - 2 days	17 64
Democrat	5 —
Sales Tax	12 77
Total Footing of Bill $	89 5 02
Less 41.80 - 30 days 6 - CC $	6 00
Balance $	
Entered into Ledger, page .....or below.	
Miscellaneous	

ORSBORN—In Sonoma, February 7, 1954, Clyde G. Orsborn, dearly beloved husband of Mrs. Emma V. Orsborn of Sonoma, beloved brother of Frank Orsborn of Morro Bay, Calif., Mrs. Thomas Holmes of Tampa, Fla., and the late John S. Orsborn; a native of Pennsylvania, aged 63 years. A member of Deer Lodge No. 14, F. & A. M., Deer Lodge, Montana; Al Malaikah Temple, Los Angeles; Long Beach Consistory and Sonoma County Shrine Club.

Friends are invited to attend the funeral services Thursday, February 11, at 11:00 a. m., at the Chapel of Bates & Evans, Sonoma, Calif., under the auspices of Temple Lodge No. 14, F. & A. M., assisted by the Rev. Ernest Morrill. Interment, Golden Gate National Cemetery, San Bruno.

	Amount Paid		Balance		Date			Amount Paid		Balance	
lance			$				To Balance Forward			$	
	$		$		March 4		By Payment	$		$	
	$		$		mar 29		"On" acct	709	22	$	
	$		$				"In" full	160	—	$	
	$		$				" "	$		$	
	$		$				" "	$		$	

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No.......... Yearly No.......... Date of Entry *March 5* 19*54*

Name of Deceased *Regula Yenni* *W.* (What Race)

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence *Rt. 2 Bx 342 Sonoma* ☐Husband ☐Wife ☐Widow or ...... of *John* Age of Husband or Wife (if living)...... Years

Charge to *Jacob Yenni*

Address *Above*

Order given by .... (or informant)

How Secured ....

If Veteran, Name of War *No*

Occupation *at home* *None* (Social Security Number)

Employer and Address ....

Date of Death *March 5 1954 10:45 P* (Mo.) (Day) (Yr.) (Hour)

Date of Birth *Oct 25 1869* (Mo.) (Day) (Yr.) Age *84* (Yrs.) (Mos.) (Days)

Services at *Chapel*

Clergyman *Rev. Marrill Sonoma* (Address)

Religion of the Deceased *Prot.*

Birthplace *Switzerland*

Resided in the State .... (or U. S. or City or County) (Years) (Months)

Place of Death *Home*

Cause of Death *Cerebral Embolus with*

Contributory Causes *hemiplegia; Arteriosclerotic heart disease*

Certifying Physician *Robert L. Mollenhauer MD* (or Coroner)

His Address *Sonoma, Cal.*

Name of Father *David Yenni*

His Birthplace *Switzerland*

Maiden Name of Mother ——

Her Birthplace *Switzerland*

Date of Funeral *March 8 Mon. 2:30 P.* M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to ....

Size of Casket *Gabardine* (State Color and Number)

Manufactured by *Golden State Casket Co.*

Cemetery / Crematory *Mt. Cem. Sonoma*

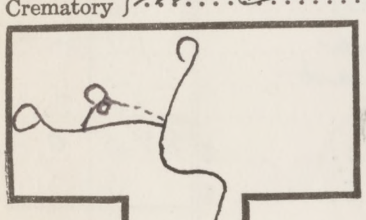

Diagram of Lot or Vault

Lot No..........

Grave No..........

Section No..........

Block No..........

Owner..........

Miscellaneous..........

Item	$	¢
Complete Funeral (except outlays)		
Casket	*424*	
Burial Vault or Box (State Kind)	*175*	
Embalming Body (Name of Embalmer)		
Barber, $...... Hair Dressing, $......		
Dressing Body, $...... Underwear, $......		
Suit or Dress (State Kind and Color)		
Slippers, $...... Hose, $......		
Folding Chairs, $...... Tarpaulin, $......		
Candelabrum, $...... Candles, $......		
Door Spray, $...... Gloves, $......		
Funeral Car, $...... Ambulance, $......		
Limousines to Cemetery ...... @ $		
Extra Limousines *1* @ $	*10*	—
Autos to R. R. Station ...... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)	*5*	—
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $...... Use of Chapel, $......		
Gross Total for Sales Tax		
Outlay for Lot		
Cremation		
Flowers, $...... Palms, $...... Matting, $......		
Rental of Tent, $...... of Temporary Vault, $......		
Opening of Grave or Tomb	*50*	—
Lining Grave, $...... Lowering Device, $......		
Outlay for Shipping Charges		
Clergyman, $...... Singers, $...... Organist, $......		
Railroad or Motor } Tickets, $...... Aero-plane Service, $......		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service *music - Ashworth - marron*	*10*	—
Rev. Marrill	*10*	—
......line Death Notices in ...... Papers		
Local (Names of Newspapers)	*3*	*61*
Examiner Sun 14	*6*	*58*
Press Democrat	*5*	*00*
Sales Tax	*11*	*61*
Total Footing of Bill	*710*	*80*
Less *29.95 30 days*	*29*	*95*
Balance	*680*	*85*
Entered into Ledger, page ...... or below.		

21.25 *17.5* *38.7* *3* *11.61* (marginal calculation)

Miscellaneous..........

Date		Amount Paid	Balance	Date		Amount Paid	Balance
3-23-54	*Statement* To Above Balance		$		To Balance Forward		$
	By Payment	$	$	*April 6, 1954*	By Payment	$*680.85*	$
	" "	$	$		" " *In full*	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $.......... Names of Lodges.......... Insurance Companies..........

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to .... (Firm Name of Funeral Directors.) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within .... days from date. Interest to accrue from maturity at the rate of .... % per annum.

Signed..........

Address..........

Witness..........

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry March 13 1954

Name of Deceased August Earl Carlson W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence East Napa - at 7th St. ☐Husband ☐Wife ☐Widow } (What Race) Alma M.

Charge to Mrs. Alma M. Carlson - or..... of }

Address Mrs. Anna Lannerts (niece) Age of Husband or Wife (if living)..... Years

Order given by 50 Diane Lane - Larkspur. (or informant)

How Secured.....

If Veteran, Name of War No:

Occupation Masseuse - Ret. No. (Social Security Number)

Employer and Address.....

Date of Death March 13 1954 7:15A (Mo.) (Day) (Yr.) (Hour)

Date of Birth Dec 10 1869 Age 84 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel -

Clergyman Wm. F. McMurdie Sonoma (Address)

Religion of the Deceased Prot.

Birthplace Finland

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma Co. Hospital -

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician..... (or Coroner)

His Address Sonoma Co. Hospital -

Name of Father..... Carlson

His Birthplace Finland

Maiden Name of Mother.....

Her Birthplace Finland

Date of Funeral Mar. 15 Mon. 2 P. M. (Date) (Day of Week) (Hour)

Motor Ship } Remains to.....

Size of Casket 95 H. 72 P. Grey (State Color and Number)

Manufactured by Golden State Casket Co.

Cemetery Crematory } Mt. Cem - Sonoma -

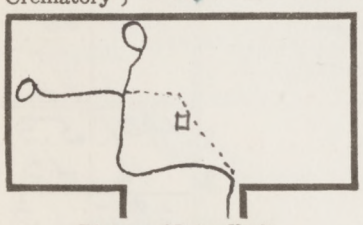

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Miscellaneous.....

.....

.....

Complete Funeral (except outlays)	$	313 —
Casket		
Burial Vault or Box (State Kind)		15 —
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		15 — 15 —
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		17 50 3 —
Candelabrum, $..... Candles, $		5 —
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit		5 —
Certif. Copies of Death Certificates No. (State Number and District) (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot 2 Posts @ 2.50		5 00
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb		50 —
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service Music - Dunbar - Marauda		10 —
Rev. Wm. F. McMurdie		10 —
....line Death Notices in..... Papers		
Local - (Names of Newspapers)		3 61
Sales Tax		5 15
Total Footing of Bill	$	416 76
Less 16 40 - 30 days	$	16 40
Balance	$	400 36

Entered into Ledger, page.....or below.

Miscellaneous.....

.....

Date		Amount Paid	Balance	Date		Amount Paid	Balance
3-24-54	To Above Balance		$		To Balance Forward		$
	By Payment	$	$	March 25 54	By Payment	$ 400 36	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Revised by W. W. Feineman, Long Beach, California

8

RECORD OF FUNERAL

Total No. ..... Yearly No. ..... Date of Entry March 17 1954

Name of Deceased William Lester Schmidt W
☐ Married ☐ Single ☐ Widowed ☒ Divorced (What Race)

Residence: Wood Valley ☐Husband ☐Wife ☐Widow } of ..... Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Julia Butchery

Address 1084 Dutton Ave S.R.

Order given by ..... (or informant)

How Secured .....

If Veteran, Name of War .....

Occupation Truck Driver 558-18-7294 (Social Security Number)

Employer and Address Margaret Miller Trucking Co

Date of Death March 17 1954 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Sept 7 1902 Age 51 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman ..... (Address)

Religion of the Deceased Prot.

Birthplace Washington D.C.

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician Vernon Silvershield (or Coroner)

His Address Santa Rosa, Calif.

Name of Father Frederick W. Schmidt

His Birthplace Baltimore, Maryland

Maiden Name of Mother Julia Brown

Her Birthplace .....

Date of Funeral March 20 (Date) Sat. (Day of Week) 2 P.M. (Hour)

Motor / Ship } Remains to .....

Size of Casket 95 H Grey (State Color and Number)

Manufactured by Golden State Casket Co

Cemetery / Crematory } Chapel of the Chimes

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

.....

.....

Complete Funeral (except outlays) ..... $		
Casket	328	-
Burial Vault or Box ..... (State Kind)		
Embalming Body ..... (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress ..... (State Kind and Color)		
Slippers, $ ..... Hose, $		16 3/4
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		4 1/2
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit ..... (State Number and District)		
___Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax ..... $		
Outlay for Lot		
Cremation	45	-
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service Ministry	10	-
Music Dan Ruggles	10	-
....line Death Notices in ..... Papers		
Local (Names of Newspapers)	3	61
Press Democrat	5	00
Palo Alto Times	4	00
Sales Tax Pd for By Sisters Butcher	4	92
Total Footing of Bill ..... $	401	53
Less ..... $	16	40
Balance ..... $	385	13
Entered into Ledger, page ..... or below.		

Miscellaneous .....

.....

Date		Amount Paid	Balance
.....	To Above Balance	.....	$ .....
.....	By Payment	$	$ .....
.....	" "	$	$ .....
.....	" "	$	$ .....
.....	" "	$	$ .....
.....	" "	$	$ .....

Date		Amount Paid	Balance
	To Balance Forward	.....	$ .....
	By Payment	$	$ .....
Mar 22	In full	385 13	$ .....
	" "	$	$ .....
	" "	$	$ .....
	" "	$	$ .....

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry March 27 1954

Name of Deceased Amelia Wyatt W.
(What Race)

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence Napa State Hospital — ☐Husband ☐Wife ☐Widow } .....
or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Vera Frazier

Address San Francisco Tel. Walnut 1-6608

Order given by Above 2836 Fremont Dr.
(or informant)

How Secured .....

If Veteran, Name of War no

Occupation None no
(Social Security Number)

Employer and Address .....

Date of Death Mar. (Mo.) 27 (Day) 1954 (Yr.) 12:40 P. (Hour)

Date of Birth Aug. (Mo.) 5 (Day) 1870 (Yr.) Age 83 (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev. W. J. Lokan Sonoma
(Address)

Religion of the Deceased Prot.

Birthplace New York

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death Napa State Hospital

Cause of Death Gangrene L. Left Foot

Contributory Causes Arteriosclerotic heart disease

Certifying Physician Bessie Martell Claffy M.D.
(or Coroner)

His Address Napa State Hospital

Name of Father Earl Curtis Fuller

His Birthplace New York

Maiden Name of Mother Mary Olsen

Her Birthplace Norway

Date of Funeral Mar. 29, (Date) Mon. (Day of Week) 10.9 (Hour) M.

Motor / Ship } Remains to .....

Size of Casket 98 Slip Cap Grey Doe
(State Color and Number)

Manufactured by Golden State Casket Co.

Cemetery / Crematory } Mt. Cemetery Sonoma

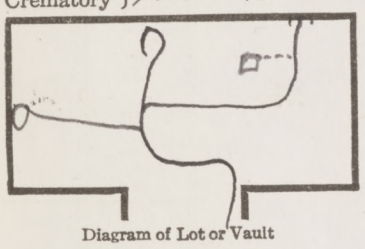

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$	243 —
Casket		
Burial Vault or Box (State Kind)		15 —
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ 10.00 Underwear, $		
~~Suit or~~ Dress 10.— Underwear 3.25 — 21.40 (State Kind and Color)		13. 65 —
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		5.0
Candelabrum, $ ..... Candles, $		12.50
Door Spray, $ ..... Gloves, $		1.5
Funeral Car, $ ..... Ambulance, $		40
Limousines to Cemetery ..... @ $		32.5
Extra Limousines ..... @ $		14.975
Autos to R. R. Station ..... @ $		14.3
Getting Remains from		14.925
Taking Remains to		14.
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		5 —
___Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		50 —
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service ~~Rev. Lokan~~		10 —
Organ — Mercucci Jr.		5 —
....line Death Notices in ..... Papers		
..... ns Notices — (Names of Newspapers)		
Sales Tax		4.10
Total Footing of Bill	$	345 75
Less 12.90 — 30 days	$	12 90
Balance	$	332 85

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Miscellaneous .....

Date			Amount Paid		Balance		Date			Amount Paid		Balance	
4-19-54		~~Statement~~ Mrs Frazier			$				To Balance Forward			$	
		By Payment	$		$				By Payment	$		$	
		" "	$		$		April 22	1954	" Jackl	$ 332	85	$	
		" "	$		$				" Jn "	$		$	
		" "	$		$				" "	$		$	
		" "	$		$				" "	$		$	

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to .....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Revised by W. W. Feineman, Long Beach, California

10

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry March 31 1954

Name of Deceased Walter H. Ellis W

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence P.O. Bx. 181 Glen Ellen, Cal ☐Husband ☐Wife ☐Widow } Margaret

or..... of } Age of Husband or Wife (if living)..... Years

Charge to Mrs. Willis O. Sotile

Address Abroe (first wife)

Order given by..... (or Informant)

How Secured.....

If Veteran, Name of War Yes

Occupation Ret. Aviator 571-14-8499 (Social Security Number)

Employer and Address Ret.

Date of Death March 31, 1954 3:30 A. (Mo.) (Day) (Yr.) (Hour)

Date of Birth April 28 1907 Age 46 11 3 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev. D.B. Coleman (Address)

Religion of the Deceased Prot.

Birthplace New Jersey

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death Gunshot in region

Contributory Causes...? heart

.....

Certifying Physician Vernon Silverwheels (or Coroner)

His Address: Santa Rosa, Cal

Name of Father Harry L. Ellis

His Birthplace.....

Maiden Name of Mother Jane C. Peterson

Her Birthplace.....

Date of Funeral April 3 Sat 1.0.A. M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to.....

Size of Casket #1909 Metallic (State Color and Number)

Manufactured by S.F. Casket Co.

Cemetery / Crematory } Chapel of the Chimes

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Miscellaneous.....

.....

.....

Complete Funeral (except outlays)	$	488 —
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $..... Hose, $		24
Folding Chairs, $..... Tarpaulin, $		3
Candelabrum, $..... Candles, $		3
Door Spray, $..... Gloves, $		7
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit		
Certif. Copies of Death Certificates No. (State Number and District) (State Physician's or Coroner's)		
Pall Bearer Service, $..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Forwarding ashes to		4 86
Cremation National Cemetery		45 00
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $..... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $..... Organist, $		
Railroad / or Motor } Tickets, $..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service Music - Cooke - Marenco $		10 —
Rev. D.B. Coleman		10 —
..... line Death Notices in ..... Papers		
Local Notices (Names of Newspapers)		2 61
Sales Tax		7 32
Total Footing of Bill	$	568 79
Less 24.40 - 30 days Discount	$	150
Balance	$	418 79
		24 40
Entered into Ledger, page ..... or below.		434 39

Miscellaneous.....

.....

Date			Amount Paid		Balance		Date		Amount Paid		Balance	
11-19-	54	To Above Balance Government			$			To Balance Forward			$	
4-19-	54	By Payment Statement Mrs. Sotile		—	$			By Payment	$		$	
		" "	$		$		April 28, 54	Harry Ellis	$ 358		$	
		" "	$		$		May 3, 54	Mrs. Sotile	$ 36	39	$	
		" "	$		$		May 13, 1954	Government	$ 150	—	$	
		" "	$		$		"	Bill	$		$	

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry April 2, 1954

Name of Deceased Peter Franklin McGill W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Rt. 2 Bx. 117 Sonoma ☐Husband ☐Wife ☐Widow of Grace Bell

Charge to Grace McGill Age of Husband or Wife (if living)..... Years

Address Abbase

Order given by (or informant)

How Secured

If Veteran, Name of War No

Occupation Ret. Car Inspector 700-12-0729 (Social Security Number)

Employer and Address S.P. Railroad Co.

Date of Death April 2 1954 (Mo.) (Day) (Yr.) (Hour)

Date of Birth May 2. 18 79 Age 74 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Masonic Sonoma (Address)

Religion of the Deceased Prot

Birthplace Schellville Calif

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death S.R. Hospital S.F.

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father Peter McGill

His Birthplace

Maiden Name of Mother Martha Mills

Her Birthplace

Date of Funeral April 5 - Mon. 2 P. M. (Date) (Day of Week) (Hour)

Motor Ship } Remains to

Size of Casket Taupe (State Color and Number)

Manufactured by Sutter Casket Co.

Cemetery Crematory Mt. Cemetery Sonoma

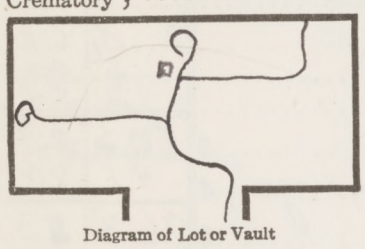

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$ 415 —
Casket	
Burial Vault or Box (State Kind)	15 —
Embalming Body (Name of Embalmer)	
Barber, $ ... Hair Dressing, $	
Dressing Body, $ ... Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ ... Hose, $	20 50
Folding Chairs, $ ... Tarpaulin, $	15 —
Candelabrum, $ ... Candles, $	22 50
Door Spray, $ ... Gloves, $	3 —
Funeral Car, $ ... Ambulance, $	67 50
Limousines to Cemetery ... @ $	
Extra Limousines ... @ $	
Autos to R. R. Station ... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to 2 cyc	2 00
Deliver Flowers to	
Removal Charges S.F. permit	1 —
Procuring Burial Permit (State Number and District)	5 —
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)	
Pall Bearer Service, $ ... Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot	
Cremation	
Flowers, $ ... Palms, $ ... Matting, $	
Rental of Tent, $ ... of Temporary Vault, $	
Opening of Grave or Tomb	50 —
Lining Grave, $ ... Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $ ... Singers, $ ... Organist, $	
Railroad or Motor } Tickets, $ ... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service Rev. Richardson	10 —
no music	
...line Death Notices in ... Papers	
Local (Names of Newspapers)	3 61
Sales Tax	6 68
Total Footing of Bill	$ 508 29
Less 21. 50 - 30 days	$ 21 50
Balance	$ 486 79

Entered into Ledger, page ... or below.

Miscellaneous

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$	April 15 '54	By Payment	$ 486 79	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ... Names of Lodges ... Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from maturity at the rate of ... % per annum.

Witness ... Signed ...

Address ...

Revised by W. W. Feineman, Long Beach, California

ALLEN KIER McGRATH, M.D.
BROADWAY AND MAPLE STREETS
SONOMA, CALIFORNIA
TELEPHONE 2680

4-6-54

I hereby authorize Dr. A. K. McGrath to do a post mortum examination of the braine of my wife Ida Pinelli.

August Pinelli
August Pinelli husband

NERAL

Entry ... April 6 ... 19 54

W
(What Race)

Wife ☐ Widow } August
... of } Age of Husband or Wife (if living) ... Years

ral (except outlays) ... $	836	-
...	...	...
Box	...	...
(State Kind)		
dy	...	...
(Name of Embalmer)		
... Hair Dressing, $ ...	...	...
$ ... Underwear, $ ...	...	...
...	...	...
(State Kind and Color)		
... Hose, $ ...	...	418
$ ... Tarpaulin, $ ...	...	3 54
... Candles, $ ...	...	12
... Gloves, $ ...	...	
... Ambulance, $ ...	...	10
Cemetery ... @ $ ...	...	...
es ... @ $ ...	...	...
Station ... @ $ ...	...	...
ns from ...	...	...
s to ...	...	...
's Inquest ...	...	...
to ...	...	...
to ...	...	...
es ...	...	...
l Permit ...	5-	-
(State Number and District)		
sof Death Certificates No. ...	...	...
(State Physician's or Coroner's)		
rice, $ .... Use of Chapel, $		
Sales Tax ... $	...	...
...	...	...
...	...	...
Palms, $ ... Matting, $ ...	...	...
$ .... of Temporary Vault, $	...	...
e or Tomb ...	...	...
... Lowering Device, $ ...	...	...
ing Charges ...	...	...
.. Singers, $ .... Organist, $ ...	...	...
$ ... Aero-plane Service, $ ...	...	...
Cable or Radio Charges ...	...	...
...	...	...
neral Director's Charges ...	...	...
Mass. - High - ...	35-	00
...	...	...
... line Death Notices in ... Papers	...	...
Examiner	8	08
(Names of Newspapers)		
Sonoma	3	61
Democrat	5-	00
Sales Tax	12	54
Total Footing of Bill ... $	905	23
Less 41.80 - 30 days ... $	41	80
Balance ... $	863	43

Entombment
Cemetery } Mt. Cem. - Sonoma
Crematory

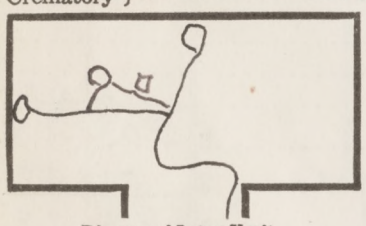

Diagram of Lot or Vault

Lot No. ...
Grave No. ...
Section No. ...
Block No. ...
Owner ...

Miscellaneous ...

Entered into Ledger, page ... or below.

Miscellaneous ...

PINELLI—In Sonoma, Calif., April 6, 1954, Ida Pinelli, dearly beloved wife of August L. Pinelli of Sonoma, beloved mother of Marilyn Rose Pinelli of Sonoma, loving sister of Mrs. Cora Massoni of Marysville and Mrs. Josephine Chiantaretto of Prescott, Ariz.; a native of Arizona, aged 51 years. A member of Sonoma Valley Women's Club.
Friends are invited to attend the funeral services Thursday, April 8, at 9:30 a. m. at the Chapel of Bates & Evans, Sonoma; thence to St. Francis Church, where a Requiem High Mass will be celebrated for the repose of her soul commencing at 10 a. m. Entombment, Mountain Cemetery, Sonoma. Rosary will be recited Wednesday evening at 8:30 o'clock.

		Amount Paid		Balance		Date		Amount Paid		Balance	
ce ...		...	...	$ ...	...		To Balance Forward ...	...	...	$ ...	...
...		$ ...	...	$ ...	...		By Payment ...	$ ...	...	$ ...	...
...		$ ...	...	$ ...	...	April 22, 1954	" Jul'	$ 863	43	$ ...	...
...	" "	$ ...	...	$ ...	...		" Dr	$ ...	...	$ ...	...
4-19-54 Statement		$ ...	...	$ ...	...		" "	$ ...	...	$ ...	...
...	" "	$ ...	...	$ ...	...		" "	$ ...	...	$ ...	...

Insurance $ ... Names of Lodges ... Insurance Companies ...

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ...
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from maturity at the rate of ... % per annum.

Signed ...

Witness ... Address ...

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry April 7 19.54

Name of Deceased Raymond Earl Macabee W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Rt. 1 Bx 567 Sonoma ☐ Husband ☐ Wife ☐ Widow or ..... of } Hildur Age of Husband or Wife (if living)..... Years

Charge to Mrs. Hildur Macabee

Address Above

Order given by Mrs. Lyle Duncan (daughter) (or informant)

How Secured 777 2nd St E.

If Veteran, Name of War No

Occupation Screen Tender 560-24-0353 (Social Security Number)

Employer and Address Wrobel's Travel Mart

Date of Death April 7, 1954 11:15 A. (Mo.) (Day) (Yr.) (Hour)

Date of Birth July 19-1954 Age 61 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev. Ernest Merrill Sonoma (Address)

Religion of the Deceased Prot.

Birthplace S. F. Calif.

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Wrobel's Travel Pet.

Cause of Death

Contributory Causes

Certifying Physician Vernon Silversheld (or Coroner)

His Address Santa Rosa Calif.

Name of Father John Macabee

His Birthplace

Maiden Name of Mother Murphy

Her Birthplace

Date of Funeral April 10 Sat. 10 A. M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to

Size of Casket 190 Cov. 87 (State Color and Number)

Manufactured by S. F. Casket Co.

Cemetery / Crematory } Mt. Cemetery Sonoma

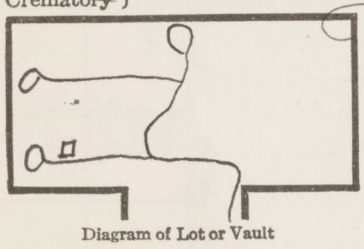

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

4-19-54 Statement

Complete Funeral (except outlays)	$ 488	-
Casket		
Burial Vault or Box (State Kind)	175	-
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		24
Folding Chairs, $ ..... Tarpaulin, $		1 75
Candelabrum, $ ..... Candles, $		9
Door Spray, $ ..... Gloves, $		4 13
Funeral Car, $ ..... Ambulance, $		57
Limousines to Cemetery ..... @ $		12
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit	5	-
___Certif. Copies of Death Certificates No. (State Number and District) (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax .... c/c $		
Outlay for Lot .... c/c	6	00
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb	50	-
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced ~~c/c~~	6	-
Out of town Funeral Director's Charges		
Personal Service Rev. Merrill	10	-
Music - Dunbar - Marcucci Jr.	10	-
....line Death Notices in ..... Papers		
..... S. F. Examiner (Names of Newspapers)	6	72
..... Local	3	61
Sales Tax	12	57
Total Footing of Bill	$ 766	90
Less 33 1/3 Bo. days	$ 33	15
Balance	$ 733	75
Entered into Ledger, page .....or below.		

Miscellaneous

MOCABEE—In Sonoma, April 7, 1954, Raymond Earl Mocabee, dearly beloved husband of Hildur Mocabee, of Sonoma; loving father of Mrs. Lillie M. Duncan of Sonoma, idolized grandfather of Carol J. Duncan of Sonoma, brother of Mrs. Kate Blaker of Oakland and Mrs. Gertie Naismith of Piedmont; a native of San Francisco; aged 61 years; a member of Operating Engineers No. 3, A. F. of L.
Friends are invited to attend the funeral services Saturday, April 10, 1954, at 10 a. m., at the Chapel of Bates & Evans, Sonoma, Calif. Interment, Mt. Cemetery, Sonoma, Calif.

Date		Amount Paid		Balance		Date		Amount Paid		Balance	
ce		$		$			To Balance Forward	$		$	
	$	$		$		April 20 54	By Payment In full	$ 733	75	$	
	$	$		$			" "	$		$	
	$	$		$			" "	$		$	
	$	$		$			" "	$		$	

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

al No..... Yearly No..... Date of Entry April 6 1954

ame of Deceased Ida Pinelli W

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 471 - 2nd St. East Sonoma ☐Husband☐Wife☐Widow } August
or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to August L. Pinelli

Address Above -

Order given by ..... (or informant)

How Secured .....

If Veteran, Name of War No.

Occupation Housewife - no (Social Security Number)

Employer and Address .....

Date of Death April 6, 1954 5:15 A (Mo.) (Day) (Yr.) (Hour)

Date of Birth Dec. 18. 1902 Age 51 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Francis Church

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Arizona

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death District Hospital

Cause of Death Myocardial Failure

Contributory Causes Cerebral Thrombosis Arteriosclerosis

Certifying Physician G. K. Mc Grath M.D. (or Coroner)

His Address Sonoma, Calif. -

Name of Father Paul Lacosa

His Birthplace .....

Maiden Name of Mother .....

Her Birthplace .....

Date of Funeral April 8 - Thurs 10 A.M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

Size of Casket Groton Metal Ant. Silver (State Color and Number)

Manufactured by S.F. Casket Co.

Entombment / Cemetery / Crematory } Mt. Mem. Sonoma

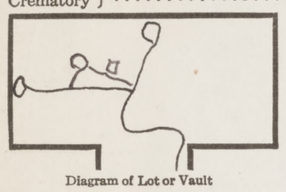

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$ 236	-
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		4 18
Folding Chairs, $ ..... Tarpaulin, $		3 54
Candelabrum, $ ..... Candles, $		12 54
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit	5	-
Certif. Copies of Death Certificates No. (State Number and District)		
Pall Bearer Service, $ .... Use of Chapel, $ (State Physician's or Coroner's)		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane } Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service Mass - High -	35	00
.....		
....line Death Notices in ..... Papers		
Examiner	8	08
(Names of Newspapers)		
Sun	3	61
Democrat	15	00
Sales Tax	12	54
Total Footing of Bill	$ 905	23
Less 41.80 - 30 days	$ 41	80
Balance	$ 863	43
Entered into Ledger, page ..... or below.		
Miscellaneous		

PINELLI—In Sonoma, Calif., April 6, 1954, Ida Pinelli, dearly beloved wife of August L. Pinelli of Sonoma, beloved mother of Marilyn Rose Pinelli of Sonoma, loving sister of Mrs. Cora Massoni of Marysville and Mrs. Josephine Chiantaretto of Prescott, Ariz.; a native of Arizona, aged 51 years. A member of Sonoma Valley Women's Club.

Friends are invited to attend the funeral services Thursday, April 8, at 9:30 a. m. at the Chapel of Bates & Evans, Sonoma; thence to St. Francis Church, where a Requiem High Mass will be celebrated for the repose of her soul commencing at 10 a. m. Entombment, Mountain Cemetery, Sonoma. Rosary will be recited Wednesday evening at 8:30 o'clock.

		Amount Paid		Balance		Date		Amount Paid		Balance	
ce				$			To Balance Forward			$	
				$			By Payment	$		$	
				$		April 22, 1954	Jn Full	$ 863	43	$	
	" "			$			" "			$	
4-19-54 statement				$			" "			$	
	" "			$			" "			$	

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry April 7 19 54

Name of Deceased Raymond Earl Mocabee W.
☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Rt. 1 Bx 567 Sonoma ☐Husband ☐Wife ☐Widow or ..... of Hildur Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Hildur Mocabee

Address Above

Order given by Mrs. Lyle Duncan (daughter) (or informant)

How Secured 777 2nd St E.

If Veteran, Name of War No

Occupation Screen Tender X560-24-0553 (Social Security Number)

Employer and Address Wrobel's Gravel Mine

Date of Death April 7, 1954 11:15 A. (Mo.) (Day) (Yr.) (Hour)

Date of Birth July 19 1954 Age 61 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev. Ernest Merrill Sonoma (Address)

Religion of the Deceased Prot.

Birthplace N.T. Calyarama

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death Wrobel's Gravel pit

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician Vernon Silvershield (or Coroner)

His Address Santa Rosa Caly

Name of Father John Mocabee

His Birthplace .....

Maiden Name of Mother Murphy

Her Birthplace .....

Date of Funeral April 10 Sat 10 A. M. (Date) (Day of Week) (Hour)

Motor Ship } Remains to .....

Size of Casket 90 g Cov 87 (State Color and Number)

Manufactured by S.F. Casket Co

Cemetery Crematory } Mt. Cemetery Sonoma

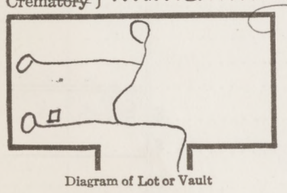

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

.....

4-19-54 Statement

Complete Funeral (except outlays)	$ 488	-
Casket		
Burial Vault or Box	175	-
Embalming Body (State Kind)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress		
Slippers, $ ..... (State Kind and Color) Hose, $		24
Folding Chairs, $ ..... Tarpaulin, $		1 9
Candelabrum, $ ..... Candles, $		4 13
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		5 57
Limousines to Cemetery ..... @ $		12
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)	5	-
___Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax ..... $		
Outlay for Lot ..... b c/c	6	00
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb	50	-
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced b c/c	6	-
Out of town Funeral Director's Charges		
Personal Service Rev. Merrill	10	-
Music - Dunbar - Marquez Jr.	10	-
....line Death Notices in ..... Papers		
P.T. Examiner	6	72
(Names of Newspapers)		
Local	3	61
Sales Tax	12	57
Total Footing of Bill ..... $	766	90
Less 33.15 Boo daigal ..... $	33	15
Balance ..... $	733	75

Entered into Ledger, page ..... or below.

Miscellaneous .....

.....

MOCABEE—In Sonoma, April 7, 1954, Raymond Earl Mocabee, dearly beloved husband of Hildur Mocabee, of Sonoma; loving father of Mrs. Lillie M. Duncan of Sonoma, idolized grandfather of Carol J. Duncan of Sonoma, brother of Mrs. Kate Blaker of Oakland and Mrs. Gertie Naismith of Piedmont; a native of San Francisco; aged 61 years; a member of Operating Engineers No. 3, A. F. of L.
Friends are invited to attend the funeral services Saturday, April 10, 1954, at 10 a. m. at the Chapel of Bates & Evans, Sonoma, Calif. Interment, Mt. Cemetery, Sonoma, Calif.

Date		Amount Paid		Balance		Date		Amount Paid		Balance	
ce		$		$			To Balance Forward	$		$	
		$		$		April 20 54	By Payment In full	$ 733	75	$	
		$		$			" "	$		$	
		$		$			" "	$		$	
	" "	$		$			" "	$		$	

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Revised by W. W. Feineman, Long Beach, California

14

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry April 8 1954

Name of Deceased Joseph Kucera W.

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Maple & Riverside El Verano. ☐Husband ☐Wife ☐Widow of Adele

Charge to Mrs. Adele Kucera Age of Husband or Wife (if living)..... Years

Address above P.O.Bx 264

Order given by..... (or informant)

How Secured.....

If Veteran, Name of War No

Occupation Ret. Rancher No. (Social Security Number)

Employer and Address.....

Date of Death April 8 1954 1 A.M. (Mo.) (Day) (Yr.) (Hour)

Date of Birth March 15 1891 Age 63 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Frances Church

Clergyman..... (Address)

Religion of the Deceased Catholic

Birthplace Czechoslovakia

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death Hwy 12 - Boyes Springs

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician Vernon Dalgarnold (or Coroner)

His Address Santa Rosa

Name of Father Kucera

His Birthplace Czech

Maiden Name of Mother.....

Her Birthplace Czechoslovakia

Date of Funeral April 10 Sat. 9 A.M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to.....

Size of Casket Jumper (State Color and Number)

Manufactured by Sutter Casket Co.

Cemetery / Crematory } Catholic Cemetery Sonoma

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Miscellaneous.....

8-4-54 Statement

4-19-54 Statement

Complete Funeral (except outlays)	$	415
Casket		
Burial Vault or Box (State Kind)		15 -
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress shirt 2.50 24.08 (State Kind and Color)		2 58
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		20 50
Door Spray, $ ..... Gloves, $		15 50
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		22 50
Extra Limousines ..... @ $		3 75
Autos to R. R. Station ..... @ $		6 75
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $....		
Gross Total for Sales Tax	$	
Outlay for Lot 2 Graves		200 -
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb		25 00
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $		
Railroad / Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service Mass		15 00
....line Death Notices in..... Papers		
..... Local (Names of Newspapers)		3 61
Sales Tax		6 68
Total Footing of Bill	$	682 87
Less 21.50 30 days	$	
Balance	$	
Entered into Ledger, page.....or below.		

Miscellaneous.....

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
May 3 54	" "	$100 -	$
June 2 54	on acct	$ 82 87	$
Aug 23 54	" "	$ 50 -	$
Dec 28 54	" "	$100	$

Insurance $..... Names of Lodges..... May 19 55 Insurance Companies Jeff 350

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. ..... Yearly No. ..... Date of Entry April 22 19 54

Name of Deceased Edward Coates W.

☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence 778 Broadway Sonoma ☐Husband ☐Wife ☐Widow of ..... Age of Husband or Wife (if living) ..... Years

Charge to Miss Sarah Coates

Address W. Mervin Daw - Executor SR -

Order given by ..... (or informant)

How Secured .....

If Veteran, Name of War No

Occupation Ret. Bookkeeper 556-24-6408 (Social Security Number)

Employer and Address Ford Agency

Date of Death April (Mo.) 22 (Day) 1954 (Yr.) 8.9 - (Hour)

Date of Birth May (Mo.) 8 (Day) 1871 (Yr.) Age 82 (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev Stuart Patter
Rev Ernest Marrill (Address)

Religion of the Deceased Prot.

Birthplace England

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma District Hospital

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician Robert L. Mollenhauer MD (or Coroner)

His Address Sonoma, Cal.

Name of Father Edward Coates

His Birthplace England

Maiden Name of Mother Elizabeth Faulkner

Her Birthplace England

Date of Funeral April 28 - Sat. 2 P. M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

Size of Casket 1909 - Cas. 87 - Metalic (State Color and Number)

Manufactured by J. J. Casket Co. -

Cemetery / Crematory } Mt. Cemetery Sonoma

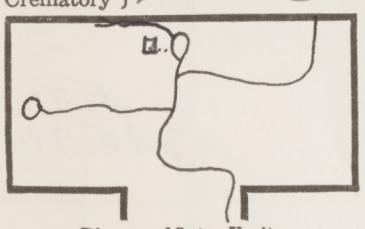

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

.....

.....

Complete Funeral (except outlays)	$	473 -
Casket		
Burial Vault or Box (State Kind)		15 -
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		23 50
Slippers, $ ..... Hose, $		15
Folding Chairs, $ ..... Tarpaulin, $		25 50
Candelabrum, $ ..... Candles, $		3
Door Spray, $ ..... Gloves, $		4 50
Funeral Car, $ ..... Ambulance, $		7 50
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		5 -
___Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		60 -
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
Music - Dunbar - Marucci Jr.		10 -
....line Death Notices in ..... Papers		3. 61
Local (Names of Newspapers)		
Rev. Stuart Potter		10 -
Ernest Marrill		10 -
Sales Tax		7. 55
Total Footing of Bill	$	584 16
Less 24.40 - 30 days	$	24 40
Balance	$	559 76

Entered into Ledger, page ..... or below.

Miscellaneous .....

Date		Amount Paid		Balance		Date		Amount Paid		Balance	
5-6-54		Statement to Daw.					To Balance Forward				
		To Above Balance					By Payment				
		By Payment				May 24, 1954	" "	559	76		
		" "				By Sara Coates	" "				
		" "					" "				
		" "					" "				

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

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Greenfield, Attorney

RECORD OF FUNERAL

Total No. 9. Yearly No. 9. Date of Entry March 19 1954

Name of Deceased Edward Graff W.

☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence Rt. 2 Box 402 B Sonoma ☐Husband ☐Wife ☐Widow or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to D. Armin Graff

Address above

Order given by Sister Ida M. Smith (or informant)

How Secured 2908 Elmwood Court

If Veteran, Name of War 1st 2 Berkeley

Occupation Rancher None (Social Security Number)

Employer and Address

Date of Death Mar 19 1954 4 P. (Mo.) (Day) (Yr.) (Hour)

Date of Birth Aug 20, 1898 Age 55 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Albert Brown Co (Address)

Clergyman

Religion of the Deceased Prot.

Birthplace Cal.

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death

Contributory Causes

Certifying Physician Vernon Silvershield (or Coroner)

His Address Santa Rosa, Cal.

Name of Father Armin Graff

His Birthplace Germany

Maiden Name of Mother Maria Thelan

Her Birthplace

Date of Funeral Mar 22 Mon 7 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to

Size of Casket Taupe (State Color and Number)

Manufactured by Sutter Casket Co.

Cemetery / Crematory } Oakland, Cal.

Lot No. 6

Grave No.

Section No.

Block No.

Owner

Diagram of Lot or Vault

Miscellaneous

Complete Funeral (except outlays)	$	380 —
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		19.00 3/0
Suit or Dress (State Kind and Color)		5.7
Slippers, $ ..... Hose, $		5.1
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
.... line Death Notices in ..... Papers (Names of Newspapers)		
Sales Tax		5 70
Total Footing of Bill	$	385 70
Less	$	
Balance	$	
Entered into Ledger, page ..... or below.		

Miscellaneous

Date		Amount Paid	Balance	Date		Amount Paid	Balance
5/6/54	Statement to Sister						
copy to Greenfield	To Above Balance		$		To Balance Forward		$
	By Payment	$	$	July 1, 1955	By Payment	$ 150 —	$
12/5-4	Filed with Greenfield		$	April 27 1956	" " Mrs Ida M Smith	$ 235 70	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry ~~Mar~~ April 23 1954

Name of Deceased Robert Wallace Carton W.

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Eldridge, Calif. ☐Husband ☐Wife ☐Widow } ..... Years
or ..... of } Age of Husband or Wife (if living)

Charge to Leo H. Carton (Father)

Address c/o Columbia Steele Co. Russ Bldg., S.F.

Order given by Father Geary - By: Mrs Gertrude Carton (Mother) (Jmother)

How Secured 1428-17th St. S.F.

If Veteran, Name of War No.

Occupation None.
(Social Security Number)

Employer and Address .....

Date of Death April 23, 1954 3:55 P
(Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct. 2, 1929 Age 24
(Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Francis Church

Clergyman Father Geary Sonoma State Home
(Address)

Religion of the Deceased Catholic

Birthplace California

Resided in the State .....
(or U. S. or City or County) (Years) (Months)

Place of Death Sonoma State Home

Cause of Death Heart failure

Contributory Causes Metral & Aortic Valvulitis
Rheumatic ht. disease

Certifying Physician Norman Carr, M.D.
(or Coroner)

His Address Eldridge, Calif.

Name of Father Leo Henry Carton

His Birthplace Ludlow, Mass.

Maiden Name of Mother Donna Marian Ball

Her Birthplace Antioch, Calif.

Date of Funeral April 28 Wed 8:45 A.M.
(Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

Size of Casket #20 Grey Asm.
(State Color and Number)

Manufactured by Golden State Casket Co.

Cemetery / Crematory } Holy Cross Cem. San Mateo Co.

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Miscellaneous.....

Complete Funeral (except outlays)	$	160 -
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		8.00
Suit or Dress (State Kind and Color)		3.00
Slippers, $ ..... Hose, $		21.40
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
14 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service Mass By Father Geary -		
..line Death Notices in ..... Papers (Names of Newspapers)		
Sales Tax		2.40
Total Footing of Bill	$	162.40
Less	$	
Balance	$	

Entered into Ledger, page .....or below.

Miscellaneous.....

Mack # 5363 - to Father Geary -
Refund pd in

Date		Amount Paid		Balance		Date		Amount Paid		Balance	
To Above Balance				$			To Balance Forward			$	
By Payment		$		$		May 1, 1954	By Payment	$		$	
" "		$		$		Carton, 54	Father Geary	$ 52	36	$	
" "		$		$		May 19, 1954	Leo Carton	$ 20	-	$	
" "		$		$		June 21, 1954	" "	$ 20	-	$	
" "		$		$		July 23, "	" "	$ 20	-	$	
						Aug 26,	Insurance	$ 20	-		
						Sept 23, 54		20	-		
						Nov. 23 54	"	20	-		
						Dec 29 54	"	42.	40		

Insurance $..... Names of Lodges..... Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of .....% per annum.

Signed.....

Witness..... Address.....

Revised by W. W. Feineman, Long Beach, California

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RECORD OF FUNERAL

Total No. 2 Yearly No. ..... Date of Entry May 5 1954

Name of Deceased Freda M. Skerl W.

☑ Married ☐ Single ☑ Widowed ☐ Divorced (What Race)

Residence: Garric Ave. Glen Ellen. ☐ Husband ☐ Wife ☐ Widow } of Jones

Charge to: Lt. Col. Russell Schleh. Age of Husband or Wife (if living) ..... Years

Address: Roland Krueger Attorney

Order given by Russell Schleh. (or Informant)

How Secured: 1645 Grove Lane - San Carlos Cal -

If Veteran, Name of War No

Occupation Technician No. (Social Security Number)

Employer and Address Sonoma State Home

Date of Death May (Mo.) 5 (Day) 1954 (Yr.) 7:45 P. (Hour)

Date of Birth Dec. (Mo.) 26, (Day) 1892 (Yr.) Age 61 (Yrs.) 4 (Mos.) 11 (Days)

Services at Chapel

Clergyman Rev. Ralph Richardson Sonoma (Address)

Religion of the Deceased Prot.

Birthplace S. F. Cal.

Resided in the State Life (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma Valley Lodge -

Cause of Death Carcinoma of breast

Contributory Causes + brain

Certifying Physician Robert L. Mollendauer (or Coroner)

His Address Sonoma

Name of Father Herzog

His Birthplace Germany

Maiden Name of Mother

Her Birthplace

Date of Funeral May 10 - Monday 11 A. M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to

Size of Casket Grey ½ Ch - (State Color and Number)

Manufactured by Golden State C. Co.

Entombment / Cemetery / Crematory } Chapel of the Chimes SR

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

SKERL—In Glen Ellen, May 5, 1954, Freda, wife of the late Louis Skerl, loving mother of Lt. Col. Russell Schleeh, U. S. Air Force; loving grandmother of Patricia Schleeh, loving sister of Mrs. H. L. Brock. Friends are invited to attend the funeral services May 10, at 11 a. m., from the Chapel of Bates & Evans in Sonoma.

Put in paper by family -

Complete Funeral (except outlays)	$ 345	-
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress 17.00 14.51 (State Kind and Color)	17	51
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax $		
Outlay for Lot 2 c/e	2	00
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service, Rev. Richardson	10	-
Organ Marcucci Jr.	5	-
....line Death Notices in ..... Papers Cooke	5	00
Local	3	61
(Names of Newspapers) Press Democrat	5	00
	5	18
Sales Tax		
Total Footing of Bill $	398	30
Less 17.25 - 30 days $	17	25
Balance $	381	05

Entered into Ledger, page ..... or below.

Miscellaneous

Date			Amount Paid		Balance		Date		Amount Paid		Balance	
5-25-54	Filed Krueger	To Above Balance			$			To Balance Forward			$	
5-29-54	Statement to Col. Schleeh -	By Payment	$		$			By Payment	$		$	
		" "	$		$		June 7, 1954	" full	$ 381	05	$	
		" "	$		$			"	$		$	
		" "	$		$			" "	$		$	
		" "	$		$			" "	$		$	

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry May 6 19 54

Name of Deceased Leah Armstrong W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Estate - Parish House ☐ Husband ☐ Wife ☐ Widow of Leonard Age of Husband or Wife (if living)..... Years

Charge to King Armstrong

Address 101 - 4 2nd Ave San Mateo

Order given by Father Michael Galvin (informant)

How Secured Estate Rectory - Catholic Church

If Veteran, Name of War No.

Occupation Housekeeper 546-16-5351 (Social Security Number)

Employer and Address .....

Date of Death May 6 1954 12:40 P (Mo.) (Day) (Yr.) (Hour)

Date of Birth Feb 28 1893 Age 61 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel -

Clergyman Rev Ernest Marrill (Address)

Religion of the Deceased Prot -

Birthplace Illinois

Resided in the State ..... (or U. S. or City or County) (Years) (Month)

Place of Death Memorial Hospital SR

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician Vernon Galvin Md (or Coroner)

His Address Santa Rosa Cal -

Name of Father John Anderson

His Birthplace .....

Maiden Name of Mother Amanda Eckstrom

Her Birthplace Sweden -

Date of Funeral May 10 Monday 2 P.M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

Size of Casket Orchid (State Color and Number)

Manufactured by Golden State Co.

Cemetery / Crematory } Mt Cem Santa Rosa

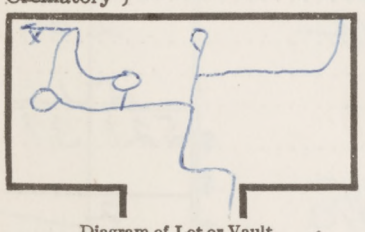

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner Frances M. Passalacque

Miscellaneous..... 343 A West Healdsburg

8-4-54 Letter to Attorney

5-11-54 Statement to Father Galvin

Complete Funeral (except outlays)	$ 464 —
Casket	
Burial Vault or Box (State Kind)	150 —
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ ..... Hose, $	2 32 15
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	2 47 3
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	4 1
Limousines to Cemetery ..... @ $	7 —
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
~~Deliver~~ Flowers to Casket & Lot	30 90
Removal Charges	
Procuring Burial Permit	5 —
Certif. Copies of Death Certificates No. (State Number and District)	
Pall Bearer Service, $ .... Use of Chapel, $ (State Physician's or Coroner's)	
Gross Total for Sales Tax	$
Outlay for Lot	
Cremation	
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ .... of Temporary Vault, $	
Opening of Grave or Tomb	75 —
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $ ..... Singers, $ .... Organist, $	
Railroad / or Motor } Tickets, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service Music - Marrieu Rev Marrill	5 — 10 —
....line Death Notices in ..... Papers	
Local (Names of Newspapers)	3 61
Democrat	5 —
Examiner	5 46
Sales Tax	7 41
Total Footing of Bill	$ 626 38
Less 23.95 - 30 days	$
Balance	$
Entered into Ledger, page ..... or below.	

Miscellaneous.....

ARMSTRONG — In Santa Rosa, Calif., May 6, 1954, Leah Armstrong, wife of Leonard Armstrong, beloved mother of Mrs. Leah Truett, King Armstrong and Gale Armstrong, adored grandmother of Lori and Bertram Truett, Susan, Dennis and Dianna Armstrong; a native of Illinois, aged 61 years.
Friends are invited to attend the funeral services Monday, May 10, at 2 p. m. at the Chapel of Bates & Evans, Sonoma, Calif. Interment, Mountain Cemetery, Sonoma

		Amount Paid		Balance		Date		Amount Paid		Balance	
nce				$			To Balance Forward			$	
		$		$			By Payment Indemnity Co	$		$	
		$		$		Aug 30, 1954 on Acct		$ 400	—	$	
	" "	$		$		Sept 17, 1954 " "		$ 113	00	$ 513	—
	" "	$		$			" "	$		$ as agreed	
	" "	$		$			" "	$		$ In full	

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Revised by W. W. Feineman, Long Beach, California

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry May 8 1954

Name of Deceased Chester Howard Hill W.
(What Race)

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 12 Madrone Rd. Bayes Hot ☐Husband ☐Wife ☐Widow } Anna
Springs of } of
Age of Husband or Wife (if living) Years

Charge to Mrs. Anna Hill

Address Abode

Order given by (or informant)

How Secured

If Veteran, Name of War no

Occupation Bartender 516-05-5846 (Social Security Number)

Employer and Address

Date of Death May 8 1954 7 P. (Mo.) (Day) (Yr.) (Hour)

Date of Birth April 18 1882 Age 82 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman I.O.O.F. Lodge Sonoma (Address)

Religion of the Deceased Prot.

Birthplace Iowa

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death

Contributory Causes

Certifying Physician Dr. Edmond Albertson (or Coroner)

His Address 516 Sutter St. S.F.

Name of Father Henry Hill

His Birthplace

Maiden Name of Mother Ella Blair

Her Birthplace

Date of Funeral May 11 Tue 2 P. M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to

Size of Casket 95 H Grey H.P. (State Color and Number)

Manufactured by Golden State Casket Co.

Cemetery / Crematory I.O.O.F. Cemetery Sonoma

Diagram of Lot or Vault

Lot No. 4 Rock

Grave No.

Section No.

Block No.

Owner

Miscellaneous

5-13-54 Statement

Complete Funeral (except outlays) $	313	
Casket		
Burial Vault or Box (State Kind)	15	-
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		50
Dressing Body, $ ... Underwear, $		15
Suit or Dress (State Kind and Color)		15
Slippers, $ ... Hose, $		1 50
Folding Chairs, $ ... Tarpaulin, $		1 50
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to ... Casket Apron		
~~Deliver~~ Flowers to ... Casket + Set	15	45
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax $		
Outlay for Lot Grave	160	75
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad / Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service Organ: Marenco Jr.	5	00
... line Death Notices in ... Papers		
Examiner (Names of Newspapers)	5	04
2 c/c	2	00
Sales Tax	5	15
Total Footing of Bill $	521	39
Less 16.40 - 30 days $		
2 ~~paid~~ Balance c/c $	2	
Entered into Ledger, page ... or below.	523	39
Miscellaneous Fees	1.6	40
	506	99

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$	June 7, 54	By Payment	$507 -	$
	" "	$	$		"	$	$
	" "	$	$		"	$	$
	" "	$	$		"	$	$
	" "	$	$		"	$	$

Insurance $ ... Names of Lodges ... Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from maturity at the rate of ...% per annum.

Signed

Witness

Address

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry May 8 1954

Name of Deceased Wilbur Clinton Kelly W

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence 2114 N.E. 54th St. Portland, Oregon ☐Husband ☐Wife ☐Widow

Charge to Miss Philomen Kelly (daughter) or..... of } Age of Husband or Wife (if living)..... Years

Address 166 W. Spain St. Sonoma

Order given by..... (or informant)

How Secured.....

If Veteran, Name of War WW I

Occupation Mechanical Engineer 277-24-9270 (Social Security Number)

Employer and Address.....

Date of Death May 8, 1954 10:30 P. (Mo.) (Day) (Yr.) (Hour)

Date of Birth July 7, 1899 Age 54 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Portland, Oregon

Clergyman..... (Address)

Religion of the Deceased Prot.

Birthplace Portland, Oregon

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician Wayne M. Craven MD (or Coroner)

His Address Sonoma, Calif.

Name of Father Richmond L. Kelly

His Birthplace Portland Oregon

Maiden Name of Mother Lucia Unk

Her Birthplace.....

Date of Funeral Ship to Portland No Service M. (Date) (Day of Week) (Hour)

Motor Ship } Remains to.....

Size of Casket Taupe (State Color and Number)

Manufactured by Sutter Casket Co.

Cemetery Crematory Colonial Mortuary Portland

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Miscellaneous.....

.....

5/11/54 statement

Complete Funeral (except outlays)	$ 430	
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit		
(State Number and District) Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Jares to Portland	58	73
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $..... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $..... Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
.....line Death Notices in..... Papers		
(Names of Newspapers) 6 c/c	6	00
Sales Tax		
Total Footing of Bill Out of State	$ 494	73
Less 21.50 30 days	$ 21	50
Balance	$ 473	23

Entered into Ledger, page.....or below.

Miscellaneous.....

.....

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$	May 24 54	In full	$ 473 23	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Revised by W. W. Feineman, Long Beach, California

22

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry May 14 1954

Name of Deceased John B. Valente W.
☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence 158 Church St Sonoma ☐Husband ☐Wife ☐Widow of Dorothy
or..... of } Age of Husband or Wife (if living)..... Years

Charge to Mrs. Evelyn Hallsteen

Address San Carlos Hotel, Monterey

Order given by..... (or informant)

How Secured.....

If Veteran, Name of War No.

Occupation Tavern Owner No.
(Social Security Number)

Employer and Address.....

Date of Death May 14, 1954 10:55 P
(Mo.) (Day) (Yr.) (Hour)

Date of Birth Jan 4, 1883 Age 71
(Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Francis Church

Clergyman..... (Address)

Religion of the Deceased Catholic

Birthplace S.F. Calif

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death District Hospital

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician Wm J. Newman M.D.
(or Coroner)

His Address Sonoma, Cal.

Name of Father Domenica Valente

His Birthplace Italy

Maiden Name of Mother Emma Bertara

Her Birthplace Italy

Date of Funeral May 17 Mon 9:30 A.M.
(Date) (Day of Week) (Hour)

Motor Ship } Remains to.....

Size of Casket Metal Dealer
(State Color and Number)

Manufactured by S.F. Casket Co.

Cemetery Crematory } Mt. Cemetery Sonoma

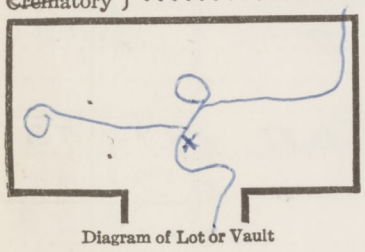

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Miscellaneous.....

.....

.....

Complete Funeral (except outlays)	$ 821	
Casket		
Burial Vault or Box (State Kind)	125	
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		4 50
Dressing Body, $..... Underwear, $		15
Suit or Dress (State Kind and Color)		42 50
Slippers, $..... Hose, $		3
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		16 50
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		12
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)	5	
___Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax ..... $		
Outlay for Lot		
Cremation		
Flowers, $..... Palms, $ ..... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb Extra Opening Ran into 2 days	60	
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service Mass	15	00
Press Democrat	5	00
....line Death Notices in ... Papers		
S.F. Examiner	10	92
(Names of Newspapers)		
S.F. Chronicle	12	15
Local	3	61
Sales Tax	12	77
Total Footing of Bill ..... $	960	45
Less 41.80 - 30 days ..... $	41	80
Balance ..... $	918	65

Entered into Ledger, page.....or below.

Miscellaneous.....

.....

VALENTE—In Sonoma, May 14, John B. (Jack) Valente, husband of the late Dorothy Valente, beloved father of Mrs. Evelyn Hallsteen of Monterey, loving brother of Jep Valente and Mrs. Mary A. Allen, both of Sonoma and Emile (Val) Valente of San Francisco, adored grandfather of Mrs. Barbara Taylor of Fresno, idolized great-grandfather of Cynthia Taylor of Fresno; a native of San Francisco, aged 71 years. A member of Sonoma Parlor No. 111 Native Sons of the Golden West and Santa Rosa Lodge No. 648 B. P. O. E.
Friends are invited to attend the funeral services Monday, May 17, at 9:15 a. m. from the Chapel of Bates & Evans, Sonoma, Calif., thence to St. Francis' Church where a Requiem Mass will be offered for the repose of his soul commencing at 9:30 a. m. Interment, Mt. Cemetery, Sonoma. Rosary will be recited Sunday evening at 8 o'clock followed by services under the auspices of Sonoma Parlor No. 111 N. S. G. W.

	Amount Paid		Balance		Date		Amount Paid		Balance	
Balance Forward						To Balance Forward				
ce May 27 54 To Mrs Valente	$		$			By Payment	$		$	
	$		$		June 30, 1954	"	$918	65	$	
	$		$			"	$		$	
	$		$			"	$		$	
	$		$			" "	$		$	

Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry May 19 1954

Name of Deceased Harry B. Shaw W.

☑ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 2166 Ashby Ave Berkeley ☐ Husband ☐ Wife ☐ Widow of Maude F.

Charge to Mrs. Thomas B. Shaw Age of Husband or Wife (if living)..... Years

Address 2162 Ashby Ave Berkeley

Order given by..... (or informant)

How Secured.....

If Veteran, Name of War no

Occupation Contractor (Social Security Number)

Employer and Address.....

Date of Death May 19, 1954 (Mo.) (Day) (Yr.) (Hour)

Date of Birth April 17, 1877 Age 77 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev. Ernest Merrill Sonoma (Address)

Religion of the Deceased Prot

Birthplace Sonoma

Resided in the State Life (or U. S. or City or County) (Years) (Months)

Place of Death 2166 Ashley Ave Berkeley

Cause of Death Cerebro-Vascular Thrombosis

Contributory Causes Arteriosclerotic Cardio Vascular Disease

Certifying Physician J. P. Evans M.D. (or Coroner)

His Address 400-29th St. Oakland

Name of Father Oliver B. Shaw

His Birthplace Vermont

Maiden Name of Mother Mary Louise Shaw

Her Birthplace .....

Date of Funeral May 22 Sat 1:30 P.M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

Size of Casket Sold at Little Chapel of the Flowers (State Color and Number) Berkeley

Manufactured by .....

Cemetery / ~~Crematory~~ } Mt. Cemetery Sonoma

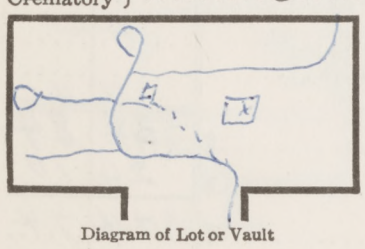

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Miscellaneous.....

5-24-54 Statement to Son.

Complete Funeral (except outlays)	Service Chg. Chapel, Cars, etc $	75 00
Casket		
Burial Vault or Box (State Kind)	~~Lo~~	30
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		1/0
Suit or Dress (State Kind and Color)		3/
Slippers, $ ... Hose, $		60
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		25
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax $		
Outlay for Lot		
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		60
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad / or Motor } Tickets, $ ... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service Rev. Merrill		10
Organ — Marcuccio		no Charge
... line Death Notices in ... Papers (Names of Newspapers)		
	Local	3.61
Sales Tax on box		.60
Total Footing of Bill $		174 21
Less $		
Balance $		
Entered into Ledger, page ... or below.		

Miscellaneous.....

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$	June 2, 1954	" Full	$ 174 21	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Revised by W. W. Feineman, Long Beach, California

24

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry May 27 1954

Name of Deceased Agnes D. Marshall W

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Rt. 2 Bx 88 - Sonoma ☐Husband ☐Wife ☐Widow } Fred G.

or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to: Fred G. Marshall

Address: above

Order given by ..... (or informant)

How Secured: .....

If Veteran, Name of War No. 197-07-7533

Occupation At home No. (Social Security Number)

Employer and Address .....

Date of Death May 28 1954 9:20 P. (Mo.) (Day) (Yr.) (Hour)

Date of Birth Dec. 10 1884 Age 69 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Francis Church

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace St. Ignace, Michigan

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician Robert L. Mallenbauer M.D. (or Coroner)

His Address: Sonoma Calif.

Name of Father Thomas Black

His Birthplace Unk.

Maiden Name of Mother Unknown

Her Birthplace Michigan

Date of Funeral May 29 Sat. 10 A.M. (Date) (Day of Week) (Hour)

Motor Ship } Remains to .....

Size of Casket 45.00 - Gabardine (State Color and Number)

Manufactured by Golden State Co.

Cemetery Crematory } Catholic Cem. Sonoma

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous .....

.....

.....

Complete Funeral (except outlays)	$	467 —
Casket		
Burial Vault or Box (State Kind)		15 —
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $ 7 24		77
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		50
Folding Chairs, $ ..... Tarpaulin, $		2 35
Candelabrum, $ ..... Candles, $		15
Door Spray, $ ..... Gloves, $		75/5
Funeral Car, $ ..... Ambulance, $		49 23
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		24
Autos to R. R. Station ..... @ $		7 4775
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
~~Deliver~~ Flowers ~~to~~ Casket + 24		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ .... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		25 —
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service Mass		15 00
....line Death Notices in ..... Papers		
The Green Democrat		5 00
(Names of Newspapers)		
Local		3 61
Sales Tax		7 46
Total Footing of Bill	$	538 84
Less 24.10 - 30 days	$	24 10
Balance	$	514 74
Entered into Ledger, page ..... or below.		

Miscellaneous .....

.....

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
June 1 54	By Payment in full	$ 514 74	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry ...May...29.....1954

Name of Deceased ...Emile...Doucay... (What Race) ...White...

☐ Married ☐ Single ☑ Widowed ☑ Divorced

Residence ...Gibson Rd...Glen Ellen... ☐Husband ☐Wife ☐Widow of ..... Age of Husband or Wife (if living) ..... Years

Charge to ...Mrs. James A. Parr...

Address ...P.O. Box 108...Glen Ellen...

Order given by ..... (or informant)

How Secured .....

If Veteran, Name of War ...no...

Occupation ...At home... no. (Social Security Number)

Employer and Address .....

Date of Death ...May (Mo.) 29 (Day) 1954 (Yr.) 2:45 a (Hour)

Date of Birth ...July (Mo.) 21, (Day) 1865 (Yr.) Age 89 (Yrs.) (Mos.) (Days)

Services at ...Chapel...

Clergyman ..... (Address)

Religion of the Deceased ...Prot...

Birthplace ...Martinson, Illinois...

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death ...Sonoma Co. Hospital...

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician ...Vernon Silvershield... (or Coroner)

His Address ...Santa Rosa, Calif...

Name of Father ...Andrew Carr...

His Birthplace ...Canada...

Maiden Name of Mother ...Sophie...

Her Birthplace ...Canada...

Date of Funeral ...June 1, (Date) Tue. (Day of Week) 2 P. (Hour) M.

Motor / Ship } Remains to .....

Size of Casket ..... (State Color and Number)

Manufactured by .....

Cemetery / Crematory } ...Mt. Cemetery...Sonoma...

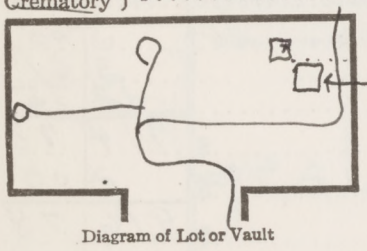

Diagram of Lot or Vault

Lot No. .....

Grave No. ...Hodgson plot...

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

.....

.....

Complete Funeral (except outlays)	$ 364	-
Casket		
Burial Vault or Box (State Kind)	15	-
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		18 15
Slippers, $ ..... Hose, $		1
Folding Chairs, $ ..... Tarpaulin, $		1 93
Candelabrum, $ ..... Candles, $		3
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		9 1
Limousines to Cemetery ..... @ $		5
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
~~Deliver~~ Flowers ~~to~~ ...Jas. Casket & Jay...	15	45
Removal Charges		
Procuring Burial Permit (State Number and District)	5	00
___Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb	60	-
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service. Organ - Marcenee	5	-
Minister, Theodores		
....line Death Notices in ..... Papers		
...Local... (Names of Newspapers)	3	61
	5	91
Sales Tax		
Total Footing of Bill	$ 473	97
Less 18.95 - 30 days	$	
Balance	$	

Entered into Ledger, page ..... or below.

Miscellaneous .....

.....

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
June 8, 1954	on acct	50 -	$
July 8, 1954	"	23 97	$
Aug 8,	" "	25 00	$
Sept 10	" "	50 00	$
Oct 10, 54	Insurance Companies	50.00	
Dec 17 "		50.00	
Feb 3 55		50.00	
" 17 55		50 -	
Mar 9 55		25 00	
May 9, 55		50 00	
July 7, 55		50 00	

Insurance $ ..... Names of Lodges .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of .....% per annum.

Signed .....

Witness ..... Address .....

Revised by W. W. Feineman, Long Beach, California

26

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry May 29 19 54

Name of Deceased Charles J. Tracey W.
☒ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence Rt. 2 Box 92 Sonoma ☐Husband ☐Wife ☐Widow } Christine
or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Chas. Tracey

Address above

Order given by ..... (or informant)

How Secured .....

If Veteran, Name of War N.S. -

Occupation Rancher - Ret. 564-28-8022 (Social Security Number)

Employer and Address Self

Date of Death May (Mo.) 29, (Day) 1954 (Yr.) 8 A.M. (Hour)

Date of Birth Dec. (Mo.) 18, (Day) 1888 (Yr.) Age 65 (Yrs.) (Mos.) (Days)

Services at St. Francis Church

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace San Francisco, Cal.

Resided in the State Life (or U.S. or City or County) (Years) (Months)

Place of Death St. Mary's Hospital S.F.

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician ..... (or Coroner)

His Address .....

Name of Father Charles J. Tracey

His Birthplace S.F. Calif. -

Maiden Name of Mother Catherine Brown

Her Birthplace S.F. Calif

Date of Funeral June 1 - (Date) Tue - (Day of Week) 10 A. M. (Hour)

Motor / Ship } Remains to .....

Size of Casket Metal Sealer - (Heather) (State Color and Number)

Manufactured by S.F. Casket Co. -

Cemetery / ~~Crematory~~ Holy Cross Mausoleum - San Mateo Co.

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner .....

Miscellaneous 6-28-54 - Lloyd took statement

Regular Price 920.00 - Spec. Disc.		
Complete Funeral (except outlays) $	850.	00
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		42.50
Suit or Dress (State Kind and Color)		3/5
Slippers, $ ..... Hose, $		1.75
Folding Chairs, $ ..... Tarpaulin, $		12
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges ..... San Mateo Co.	2	50
Procuring Burial Permit ..... S-7 (State Number and District)	1	00
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax $		
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service ..... Mass	15	00
13.16 / 11.76 ..... line Death Notices in ..... Papers		
Co. S.F. Examiner 2 days (Names of Newspapers)	24	92
The Press Democrat	5	00
Local	3	61
Sales Tax	12	75
Total Footing of Bill $	914	78
Less No further disc. 2 c/c $	2	00
Balance $	916	78

Entered into Ledger, page ..... or below.

Miscellaneous .....

TRACEY—In San Francisco, May 29, Charles J. Tracey, dearly beloved husband of Mrs. Christine Tracey of Sonoma, beloved father of Mrs. Gladys La Honta of San Francisco and Lloyd William Tracey of Kim, Colorado, loving brother of Lloyd J. Tracey of Sonoma and Harold T. Tracey of Nevada and the late Mervyn R. Tracey, adored grandfather of Milton La Honta of San Francisco, Barbara, Linda and Judith Yell of San Mateo, Gail and Brent Tracey of Kim, Colorado; a native of San Francisco, aged 65 years. A member of Santa Rosa Lodge No. 646 B. P. O. E.

Friends are invited to attend the funeral services Tuesday, June 1, at 9:45 a. m., from the chapel of Bates & Evans, Sonoma, Calif., thence to St. Francis' Church, where a Requiem Mass will be offered for the repose of his soul, commencing at 10 a. m. Entombment, Holy Cross Mausoleum, San Mateo County. Rosary will be recited Monday evening at 8 o'clock, followed by services under the auspices of Santa Rosa Lodge No. 646 B. P. O. E.

	Amount Paid		Balance		Date		Amount Paid		Balance	
ance			$		July 10 1954	To Balance Forward			$	
	$		$			By Payment	$ 916	78	$	
	$		$			" "			$	
	$		$			" "	$		$	
	$		$			" "	$		$	
	$		$			" "	$		$	

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Revised by W. W. Feineman, Long Beach, California

2920

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry May 30 1954

Name of Deceased Virginia Picetti W.
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 564 - 4th St. E. Sonoma ☐Husband ☐Wife ☐Widow or..... of } Age of Husband or Wife (if living).....Years

Charge to Mrs. Sylvia Mellard (Sister)

Address Above

Order given by (or informant)

How Secured

If Veteran, Name of War No.

Occupation Seamstress Ret. (Social Security Number)

Employer and Address

Date of Death May (Mo.) 30, (Day) 1954 (Yr.) 7:13 P. (Hour)

Date of Birth Sept. (Mo.) 19, (Day) 1893 (Yr.) Age 60 (Yrs.) (Mos.) (Days)

Services at St. Francis Church

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace San Francisco

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma District Hospital

Cause of Death

Contributory Causes

Certifying Physician Carroll B. Andrews MD (or Coroner)

His Address Sonoma, Cal.

Name of Father Filippo Picetti

His Birthplace Italy

Maiden Name of Mother Maria Pagoni

Her Birthplace Italy

Date of Funeral June 2, (Date) Wed. (Day of Week) 9:30 A. M. (Hour)

Motor / Ship } Remains to

Size of Casket Steele (State Color and Number)

Manufactured by [illegible] Casket Co.

Cemetery / Crematory } Mt. Cemetery Sonoma

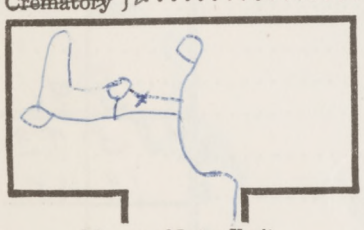

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

6-12-54 Filed Dal Pagetto

Complete Funeral (except outlays)	$ 510	—
Casket Steele Gold	175	—
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ Hose, $		2 55
Folding Chairs, $ Tarpaulin, $		1 75
Candelabrum, $ Candles, $		4 30
Door Spray, $ Gloves, $		4 3
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		12 90
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)	5	—
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ Palms, $ Matting, $		
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb	60	—
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ Singers, $ Organist, $		
Railroad or Motor } Tickets, $ Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service Mass	15	—
line Death Notices in Papers		
Local (Names of newspapers)	3	61
Examiner	9	24
Sales Tax	12	90
Total Footing of Bill	$ 790	75
Less 34.25 - 30 days	$ 34	25
Balance	$ 756	50

Entered into Ledger, page .....or below.

Miscellaneous

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$	July 2, 54	By Payment	$ 756 50	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Revised by W. W. Feineman, Long Beach, California

28

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry June 5, 1954

Name of Deceased Alma Marie Thompson W.

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence Maple Ave. El Verano ☐Husband ☐Wife ☐Widow of Chris

Charge to Harold C. Thompson Age of Husband or Wife (if living)..... Years

Address 68 Prosper St. S.F. (Son)

Order given by above (or informant)

How Secured

If Veteran, Name of War No.

Occupation At home None (Social Security Number)

Employer and Address

Date of Death June 5, 1954 12:30 A (Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct. 12, 1873 Age 80 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev. Mc Murdie Sonoma (Address)

Religion of the Deceased Lutheran

Birthplace Finland

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma Co. Hospital

Cause of Death Broncho-pneumonia

Contributory Causes Cerebral Thrombosis Hypertensive Arteriosclerotic Vascular disease

Certifying Physician Paul R. Harrison MD (or Coroner)

His Address Sonoma Co. Hospital

Name of Father Frederick Helsman

His Birthplace Finland

Maiden Name of Mother Elizabeth Laetla

Her Birthplace Finland

Date of Funeral June 7 Mon 2 P.M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to

Size of Casket Grey 2 Ch. (State Color and Number)

Manufactured by Golden State Casket Co

Cemetery / ~~Crematory~~ Mt. Cemetery Sonoma

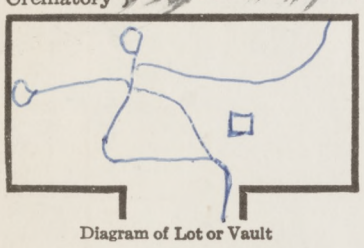

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

6/1/54 Statement

Complete Funeral (except outlays)	$	364 —
Casket		
Burial Vault or Box (State Kind)		15 —
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear $		25
~~Suit~~ or Dress, Underwear + Slip 13 4024 (State Kind and Color)		13 65
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		18
Door Spray, $ ... Gloves, $		15
Funeral Car, $ ... Ambulance, $		13 25
Limousines to Cemetery ... @ $		10 25
Extra Limousines ... @ $		10 25
Autos to R. R. Station ... @ $		2 10
Getting Remains from		3 07 5
Taking Remains to		
Trip to Coroner's Inquest		1 3
Delivering Box to		6 1
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit		5 —
___Certif. Copies of Death Certificates No. (State Number and District) (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		60 —
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad / or Motor } Tickets, $ ... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service Organ, Marcucci		5 00
Rev. M. Murdie		10 —
...line Death Notices in ... Papers		
Examiner — (Names of Newspapers)		5 19
Sales Tax		5 91
Total Footing of Bill	$	483 73
Less 18.95 — 30 days	$	18 95
Balance	$	

Entered into Ledger, page ... or below.

Miscellaneous

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	ce	$	$		To Balance Forward	$	$
		$	$		By Payment	$	$
		$	$	June 5, 1954	" on acct	90 —	$
		$	$	June 13, 54	" full	374 78	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

THOMPSON—In Santa Rosa, Calif., June 5, 1954, Alma Marie Thompson, wife of the late Chris Thompson, dearly beloved mother of Harold C. Thompson of San Francisco; a native of Finland; aged 80 years. Friends are invited to attend the funeral services Monday, June 7, 2 p. m. from the Chapel of Bates & Evans, Sonoma, California. Interment, Mountain Cemetery, Sonoma.

Insurance $ ... Names of Lodges ... Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from maturity at the rate of ... % per annum.

Signed ...

Witness ... Address ...

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. ..... Yearly No. ..... Date of Entry June 8 19 54

Name of Deceased Gene Dale Walling W
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence Rt. 2 Bx 116 Sonoma ☐Husband ☐Wife ☐Widow } .....
or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Charles A. Walling

Address Above

Order given by works for Groskopf-Weiler (or informant)

How Secured

If Veteran, Name of War No

Occupation None No. (Social Security Number)

Employer and Address

Date of Death June 8, 1954 3:48 P. (Mo.) (Day) (Yr.) (Hour)

Date of Birth About (Mo.) (Day) (Yr.) Age stillborn (Yrs.) (Mos.) (Days)

Services at Graveside

Clergyman Rev. Marrill Sonoma (Address)

Religion of the Deceased Prot.

Birthplace Sonoma

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death

Cause of Death

Contributory Causes

.....

Certifying Physician Carroll B. Andrews M.D. (or Coroner)

His Address Sonoma, Cal.

Name of Father Charles A. Walling

His Birthplace N. Y. State

Maiden Name of Mother Martha Bachler

Her Birthplace N. Dakota

Date of Funeral June 10 Thurs. 11 A. M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

Size of Casket 2/0 White Lamb (State Color and Number)

Manufactured by Golden State Casket Co.

Cemetery / Crematory } Mt. Cemetery Sonoma

Diagram of Lot or Vault

Lot No. .....
Grave No. .....
Section No. .....
Block No. .....
Owner .....

Miscellaneous .....

.....

.....

Complete Funeral (except outlays) $	45	—
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		7.25
Suit or Dress (State Kind and Color)		3.75
Slippers, $ ..... Hose, $		1.67
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)	5	00
___Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax $		
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb	15	00
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
.... line Death Notices in ..... Papers Rev. Marrill	5	00
None (Names of Newspapers)		
Sales Tax		.68
Total Footing of Bill $	70	68
Less $		
Balance $		
Entered into Ledger, page ..... or below.		

Miscellaneous .....

.....

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance				To Balance Forward		
	By Payment			June 10,	By Payment	70 68	
	" "				" "		
	" "				" "		
	" "				" "		

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No.......... Yearly No.......... Date of Entry June 8 1954

Name of Deceased Robert Harvey Nissen W (What Race)

☒ Married ☐ Single ☐ Widowed ☒ Divorced

Residence Rt. 1 Bx 235 Sonoma ☐Husband ☐Wife ☐Widow or ... of Anita

Age of Husband or Wife (if living) .... Years

Charge to Mrs. Anita Nissen

Address above

Order given by .... (or informant)

How Secured ....

If Veteran, Name of War No.

Occupation Supt. Ranch 566-12-1179 (Social Security Number)

Employer and Address Verdiers Ranch

Date of Death June 8, 1954 11:55 P (Mo.) (Day) (Yr.) (Hour)

Date of Birth Dept 23, 1913 Age 40 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev Richardson Sonoma (Address)

Religion of the Deceased Prot.

Birthplace Oregon

Resided in the State .... (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma District Hospital

Cause of Death ....

Contributory Causes ....

Certifying Physician Wm J. Newman M.D. (or Coroner)

His Address Sonoma, Caly.

Name of Father Grover Nissen

His Birthplace ....

Maiden Name of Mother Maud Pogue

Her Birthplace ....

Date of Funeral June 11 Fri 11 A. M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to ....

Size of Casket Grey H.P. (State Color and Number)

Manufactured by Golden State Casket Co.

Cemetery / Crematory Chapel of the Chimes S.R.

Lot No. ....

Grave No. ....

Section No. ....

Block No. ....

Owner ....

Diagram of Lot or Vault

Miscellaneous ....

Item	$	¢
Complete Funeral (except outlays)	360	—
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $.... Hair Dressing, $....		
Dressing Body, $.... Underwear, $....		
Suit or Dress (State Kind and Color)		
Slippers, $.... Hose, $....		
Folding Chairs, $.... Tarpaulin, $....		
Candelabrum, $.... Candles, $....		
Door Spray, $.... Gloves, $....		
Funeral Car, $.... Ambulance, $....		
Limousines to Cemetery .... @ $		
Extra Limousines .... @ $		
Autos to R. R. Station .... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
__Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $....		
Gross Total for Sales Tax		
Outlay for Lot		
Cremation	45	—
Flowers, $.... Palms, $.... Matting, $....		
Rental of Tent, $.... of Temporary Vault, $....		
Opening of Grave or Tomb		
Lining Grave, $.... Lowering Device, $....		
Outlay for Shipping Charges		
Clergyman, $.... Singers, $.... Organist, $....		
Railroad or Motor } Tickets, $.... Aeroplane Service, $....		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service Rev Richardson	10	—
....line Death Notices in .... Papers: Local (Names of Newspapers)	3	61
16 li. Examiner	6	72
Sales Tax	5	40
Total Footing of Bill	430	73
Less 18.00 30 days 4%	4	
Balance	434 / 18	73 / 00
Entered into Ledger, page .... or below.		

Margin notes: 180 / 3 / 540 / 5

Miscellaneous $416.73

Date			Amount Paid		Balance		Date			Amount Paid		Balance	
		To Above Balance			$				To Balance Forward			$	
		By Payment	$		$				By Payment	$		$	
		" "	$		$		July 8, 1954		In full	$416	73	$	
		" "	$		$				" "	$		$	
		" "	$		$				" "	$		$	
		" "	$		$				" "	$		$	

Insurance $.......... Names of Lodges.......... Insurance Companies..........

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.......... (Firm Name of Funeral Directors.) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.......... days from date. Interest to accrue from maturity at the rate of.......... % per annum.

Signed..........

Witness.......... Address..........

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry June 18 19 54

Name of Deceased Charles E. Nies W.

☑ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence Rt. 2 Bx. 391 Sonoma ☐Husband ☐Wife ☐Widow or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to (Plumbers Union Local #467 San Mateo Bank)

Address. Darrell Cassidy

Order given by ..... (or informant)

How Secured .....

If Veteran, Name of War No

Occupation Ret. Plumber 553-01-5120 (Social Security Number)

Employer and Address .....

Complete Funeral (except outlays) $	345 -
Casket	
Burial Vault or Box (State Kind)	105 -
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress (State Kind and Color)	17 50
Slippers, $ ..... Hose, $	15 -
Folding Chairs, $ ..... Tarpaulin, $	18 750 3
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	6 250
Funeral Car, $ ..... Ambulance, $	5 -
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from	
~~Taking Remains to~~ Sealer Pouch	25 - 0.0.
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	5 -
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)	
Pall Bearer Service, $ .... Use of Chapel, $	
Gross Total for Sales Tax $	
Outlay for Lot	
Cremation	
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ .... of Temporary Vault, $	
Opening of Grave or Tomb	60 -
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $ ..... Singers, $ .... Organist, $	
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	

CONCRETE ... THE MOST UNIVERSALLY USED
UNDERGROUND CONSTRUCTION MATERIAL

Mary Nies, Sister
451 Essex St.

Swampscott, Mass

Mrs. Robert Russell, Niece
7 ~~B~~ Lynnshore Dr.
Lynn, Mass
Phone, Lynn 8-3432 (Irene)

Send c/c to

Local #467 --703 B. St.
San Mateo Calif.
Room 206

NOTE,
$500. burial allowance from
Local $467 San Mateo.

Mr Cassidy took Key - 7-7-54

Ray Grinstead
Attorney at Law
Sonoma, California
Telephone 2694

RECEIVED OF GEORGE H. CASSIDY, the Executor of the Will of CHARLES E. NIES, deceased, the following property, to wit:

2 guns

1 watch

This property is received by me for delivery to JOHN RUSSELL, Legatee under the Will of said CHARLES E. NIES, deceased.

July _____, 1954. Robert G. Russell Jr.

Witness..... Address.....

Revised by W. W. Feineman, Long Beach, California

30

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry June 8 1954

Name of Deceased Robert Harvey Hussen W.

☒ Married ☐ Single ☐ Widowed ☒ Divorced (What Race)

Residence Rt. 1 Bx 235 Sonoma ☐ Husband ☐ Wife ☐ Widow } Anita

Charge to Mrs. Anita Hussen or..... of } Age of Husband or Wife (if living)..... Years

Address Above

Order given by..... (or informant)

How Secured.....

If Veteran, Name of War No.

Occupation Supt. Ranch 566-12-1179 (Social Security Number)

Employer and Address Verdieres Ranch -

Date of Death June 8, 1954 11:55 P. (Mo.) (Day) (Yr.) (Hour)

Date of Birth Sept 23 1913 Age 40 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev. Richardson Sonoma (Address)

Religion of the Deceased Prot.

Birthplace Oregon

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma District Hospital

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician Wm J. Newman M.D. (or Coroner)

His Address Sonoma, Caly.

Name of Father Grover Hussen

His Birthplace.....

Maiden Name of Mother Maud Pogue

Her Birthplace.....

Date of Funeral June 11 Fri 11 A. M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to.....

Size of Casket Gray H.P. (State Color and Number)

Manufactured by Golden State Casket

Cemetery / Crematory } Chapel

Diagram of Lot or Vault

Miscellaneous.....

.....

.....

Date		
.....	....	To Above Balance.....
.....	....	By Payment.....
.....	....	" " .....
.....	....	" " .....
.....	....	" " .....
.....	....	" " .....

Insurance $..... Nam
Lodg

I hereby authorize the above Funeral, and I
for the payment of aforesaid sum, and I here
maturity at the rate of.....% per

Witness.....

Complete Funeral (except outlays)	$ 360	-
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		18
Dressing Body, $..... Underwear, $		3
Suit or Dress (State Kind and Color)		54
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation	45	-
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $		
Railroad / or Motor } Tickets, $..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service Rev. Richardson		

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry June 18 19 54

Name of Deceased Charles E. Nies W.

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence Rt 2 Box 391 Sonoma ☐ Husband ☐ Wife ☐ Widow of ..... Age of Husband or Wife (if living) ..... Years

Charge to (Plumbers Union Local #467 Sect. in Bank)

Address Darrell Cassidy

Order given by ..... (or informant)

How Secured .....

If Veteran, Name of War No

Occupation Ret Plumber 553-01-5120 (Social Security Number)

Employer and Address .....

Complete Funeral (except outlays)	$	345 -
Casket		
Burial Vault or Box (State Kind)		105 -
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		17 50
Slippers, $ ..... Hose, $		15
Folding Chairs, $ ..... Tarpaulin, $		18 75
Candelabrum, $ ..... Candles, $		3
Door Spray, $ ..... Gloves, $		6 25
Funeral Car, $ ..... Ambulance, $		5.
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to Sealer Pouch		25 - 00
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		5 -
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		60 -
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service 2 C/e		2. 00
Co ..... Mass		15 - 00
.... line Death Notices in ..... Papers		
(Names of Newspapers)		
Local notice		2. 61
Sales Tax		5 63
Total Footing of Bill	$	476 24
Less 18.00 - 30 days	$	
Balance	$	
Entered into Ledger, page ..... or below.		

Miscellaneous .....

CONCRETE ... THE MOST UNIVERSALLY USED
UNDERGROUND CONSTRUCTION MATERIAL

Mary Nies, Sister
451 Essex St.

Swampscott, Mass

Mrs. Robert Russell, Niece
7 ~~B Lynnshore~~ Dr.
Lynn, Mass (Irene)
Phone, Lynn 8-3432

Send c/c to

Local #467 --703 B. St.
San Mateo Calif.
Room 206

NOTE,
$500. burial allowance from
Local $467 San Mateo.

...al Sec. $150 to $200

... Account Bank of America

...54
...claim GRG.

...NSEN BROS. ...COLMA • CALIF. PLaza 5-4119

Christy BURIAL VAULTS Personalized Protection

...te		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$	Dec. 2, 54	To Balance Forward	$	$
	By Payment	$	$		By Payment in full	$ 476 24	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

...e $ ..... Names of Lodges ..... Insurance Companies .....

... authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

...ayment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from ... at the rate of ..... % per annum.

Signed .....

Address .....

Revised by W. W. Feineman, Long Beach, California

30

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry June 8 1954

Name of Deceased Robert Harvey Russell W.

☒ Married ☐ Single ☐ Widowed ☒ Divorced (What Race)

Residence Rt. 1 Bx 235 Sonoma ☐ Husband ☐ Wife ☐ Widow } Anita

Charge to Mrs. Anita Russell or..... of } Age of Husband or Wife (if living)..... Years

Address Above

Order given by..... (or informant)

How Secured.....

If Veteran, Name of War No.

Occupation Supt. Ranch - 566-12-1179 (Social Security Number)

Employer and Address Verdieres Ranch -

Date of Death June 8, 1954 11:55 P. (Mo.) (Day) (Yr.) (Hour)

Date of Birth Sept 23, 1913 Age 40 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev. Richardson Sonoma (Address)

Religion of the Deceased Prot.

Birthplace Oregon -

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma District Hospital

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician Wm J. Newman M.D. (or Coroner)

His Address Sonoma, Caly -

Name of Father Grover Russell

His Birthplace.....

Maiden Name of Mother Maud Pogue

Her Birthplace.....

Date of Funeral June 11 - Fri 11 A. - M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to.....

Size of Casket Gray H.P. (State Color and Number)

Manufactured by Golden State Casket Co.

Cemetery / Crematory } Chapel

Diagram of Lot or Vault

Miscellaneous.....

.....

.....

Date		
.....	....	To Above Balance.....
.....	....	By Payment.....
.....	....	" " .....
.....	....	" " .....
.....	....	" " .....
.....	....	" " .....

Insurance $..... Nam

Lodg

I hereby authorize the above Funeral, and I

for the payment of aforesaid sum, and I here

maturity at the rate of.....% per

Witness.....

Complete Funeral (except outlays).....	$ 360	-
Casket.....		
Burial Vault or Box..... (State Kind)		
Embalming Body..... (Name of Embalmer)		
Barber, $..... Hair Dressing, $.....		18 -
Dressing Body, $..... Underwear, $.....		3 / 50
Suit or Dress..... (State Kind and Color)		
Slippers, $..... Hose, $.....		
Folding Chairs, $..... Tarpaulin, $.		
Candelabrum, $..... Candles,		
Door Spray, $..... Gloves,		
Funeral Car, $..... Ambulanc		
Limousines to Cemetery..... @		
Extra Limousines..... @		
Autos to R. R. Station..... @		
Getting Remains from.....		
Taking Remains to.....		
Trip to Coroner's Inquest.....		
Delivering Box to.....		
Deliver Flowers to.....		
Removal Charges.....		
Procuring Burial Permit..... (State Numbe		
___Certif. Copies of Death Certificat (State Physician's		
Pall Bearer Service, $.... Use of Cl		
Gross Total for Sales Tax.....		
Outlay for Lot.....		
Cremation.....		
Flowers, $..... Palms, $..... Matt		
Rental of Tent, $.... of Temporary		
Opening of Grave or Tomb.....		
Lining Grave, $..... Lowering Dev		
Outlay for Shipping Charges.....		
Clergyman, $..... Singers, $.... Orga		
Railroad / or Motor } Tickets, $..... Aero-plane Serv		
Telegr., Phone, Cable or Radio Charg		
Cash Advanced.....		
Out of town Funeral Director's Char		
Personal Service Rev. Richards		

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry June 18 19 54

Name of Deceased Charles E. Nies W.

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence Rt. 2 Bx. 391 Sonoma ☐Husband ☐Wife ☐Widow of ..... Age of Husband or Wife (if living) ..... Years

Charge to Plumbers - Union Sect. in Bank

Address Darrell Cassidy -

Order given by ..... (or informant)

How Secured .....

If Veteran, Name of War No

Occupation Ret. Plumber 553-01-5120 (Social Security Number)

Employer and Address .....

of Death June 18, 1954 - unk - (Mo.) (Day) (Yr.) (Hour)

of Birth Unknown - Age 78 - (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

ces at St. Frances Church - (Address)

yman .....

ion of the Deceased Catholic

place Mass

ed in the State ..... (or U. S. or City or County) (Years) (Months)

of Death Home

e of Death Coronary Occlusion

ibutory Causes With Myocardial infarct

... Arteriosclerotic heart disease

ying Physician Vernon Silversheld (or Coroner)

ddress Santa Rosa, Calif -

of Father .....

irthplace .....

n Name of Mother .....

irthplace .....

of Funeral June 22, Tue - 9:30 A. M. (Date) (Day of Week) (Hour)

Remains to .....

f Casket Grey H.P. 1 (State Color and Number)

factured by Golden State Casket Co

ry } Mt. Cemetery Sonoma
ory }

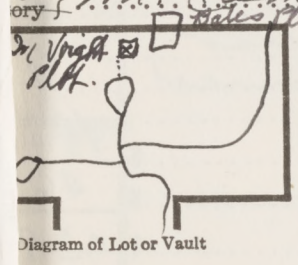

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner .....

laneous.....

Complete Funeral (except outlays) $	345 -
Casket	
Burial Vault or Box (State Kind)	105 -
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress (State Kind and Color)	17 50
Slippers, $ ..... Hose, $	15 -
Folding Chairs, $ ..... Tarpaulin, $	18 50
Candelabrum, $ ..... Candles, $	3
Door Spray, $ ..... Gloves, $	6 25
Funeral Car, $ ..... Ambulance, $	5 -
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from	
~~Taking Remains to~~ Sealer Pouch	25 - 00
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	5 -
(State Number and District) Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	
Pall Bearer Service, $ .... Use of Chapel, $	
Gross Total for Sales Tax $	
Outlay for Lot	
Cremation	
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ .... of Temporary Vault, $	
Opening of Grave or Tomb	60 -
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $ ..... Singers, $ .... Organist, $	
Railroad or Motor Tickets, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service 2 C/e Mass	2 00 / 15 - 00
....line Death Notices in ..... Papers	
(Names of Newspapers) Locals Notices	3 61
Sales Tax	5 63
Total Footing of Bill $	476 24
Less 18.00 - 30 days $	
Balance $	
Entered into Ledger, page ..... or below.	

Miscellaneous.....

ate		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$	Dec. 2, 54	By Payment in full	$ 476 24	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

e $..... Names of Lodges..... Insurance Companies.....

authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

ayment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from

at the rate of.....% per annum.

Signed.....

Address.....

Revised by W. W. Feineman, Long Beach, California

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RECORD OF FUNERAL

Total No. ..... Yearly No. ..... Date of Entry June 21 19 54

Name of Deceased Attilio Picchi W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 399 W. Napa St. Sonoma ☐Husband ☐Wife ☐Widow } Erminia
or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Erminia Picchi

Address above -

Order given by ..... (or informant)

How Secured .....

If Veteran, Name of War No.

Occupation Ret. Gracerygman No. (Social Security Number)

Employer and Address .....

Date of Death June 21 1954 10:45 A (Mo.) (Day) (Yr.) (Hour)

Date of Birth May 22 1884 Age 70 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Francis

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Italy

Complete Funeral (except outlays) ..... $	920	-
Casket		
Burial Vault or Box ..... (State Kind)		
Embalming Body ..... (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		46.00
Dressing Body, $ ..... Underwear, $		3/0
Suit or Dress ..... (State Kind and Color)		
Slippers, $ ..... Hose, $		13.80
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
...quest		
.....		
.....		
...rmit ..... (State Number and District)	5	00
...eath Certificates No. ..... (State Physician's or Coroner's)		
$ .... Use of Chapel, $		
...s Tax ..... $		
..... Vault - Sexton	5	00
.....		
...ns, $ ..... Matting, $		
...of Temporary Vault, $		
... Tomb		
...Lowering Device, $		
... Charges		
...igers, $ .... Organist, $		
..... Aeroplane Service, $		
...e or Radio Charges		
.....		
... Director's Charges		
... Brass	15	-
... Chronicle	8	00
...es in ..... Papers		
... Local	3	61
...of Newspapers) Democrat	5	00
... Examiner	9	40
.....	13	80
..... $	984	81
...o days ..... $	46	
Balance ..... $	938	81
...page ..... or below.		

	Amount Paid		Balance	
...ance Forward			$	
...yment	$		$	
... " Bill	$ 938	81	$	
.....	$		$	
... "	$		$	
... "	$		$	

...ce
...ies .....

...ilable to .....
(Firm Name of Funeral Directors.)

.....days from date. Interest to accrue from

.....% per annum.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

TELEPHONE 2686

Bates and Evans

Funeral Directors

SONOMA, CALIFORNIA

August 2, 1954

This is to authorize the above named firm, to open, and inspect the Maffei-Picchi vault in the Mountain cemetery, and if necessary to remove the remains of, Attilio Picchi to the Funeral Parlor, and place in new casket.

Signed Erminia Picchi Widow

Riverside Dept. #427

33

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry June 23 19 54

Name of Deceased Hugh Ittner W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 50 Golden Gate ave S.F. ☐Husband ☐Wife ☐Widow of Alice

Charge to Alice Ittner (wife)

Address above

Order given by Mrs Wilbur Frank Sonoma (or informant) (sister)

How Secured

If Veteran, Name of War

Occupation Mfg Artificial Limbs 135-07-1005 (Social Security Number)

Employer and Address

Date of Death June (Mo.) 23, (Day) 1954 (Yr.) (Hour)

Date of Birth Sept (Mo.) 6 (Day) 1891 (Yr.) Age 62 (Yrs.) (Mos.) (Days)

Services at St Francis

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Brooklyn N.Y.

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death

Contributory Causes

Certifying Physician John Beaty MD (or Coroner)

His Address 496 Post St SF

Name of Father George Ittner

His Birthplace

Maiden Name of Mother Lucy Kernan

Her Birthplace

Date of Funeral June 26, Sat. 9:30 A.M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to

Size of Casket 1909- Cov 81- Metallic (State Color and Number)

Manufactured by S.F. Casket Co.

~~Cemetery~~ / ~~Crematory~~ } Catholic Cemetery

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	521 —
Casket		
Burial Vault or Box (State Kind)		15- —
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $		
Suit or Dress (State Kind and Color)		260 50
Slippers, $ Hose, $		1 50
Folding Chairs, $ Tarpaulin, $		2 75 50
Candelabrum, $ Candles, $		3
Door Spray, $ Gloves, $		6 50
Funeral Car, $ Ambulance, $		8 —
Limousines to Cemetery @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit S.F. (State Number and District)		1 00
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ Palms, $ Matting, $		
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb		25 —
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ Singers, $ Organist, $		
Railroad / Motor } Tickets, $ Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced. High mass		35 00
Out of town Funeral Director's Charges		
Personal Service		
3 c/c		3 00
line Death Notices in Papers		
Local (Names of Newspapers)		3 61
Sales Tax		8 27
Total Footing of Bill	$	611 88
Less 26.80 30 days	$	26 80
Balance	$	

Entered into Ledger, page ..... or below.

Miscellaneous

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
June 4 54	By Payment	$	$	June 4 54	By Payment	200 —	$
	" "	$	$	July 6 54	" "	$200	$
	" "	$	$	July 8 54	In full	$185 08	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Revised by W. W. Feineman, Long Beach, California

ERAL

try ... June 21 ... 19 54

... W.
(What Race)

☐Widow } ... Emma ...
... of } Age of Husband or Wife (if living) ... Years

(except outlays) ... $	920	—
...	...	...
...x ...	...	...
(State Kind)		
...	...	...
(Name of Embalmer)		
... Hair Dressing, $ ...	...	4 6 0
... Underwear, $ ...	...	3 / 0
...	...	...
(State Kind and Color)		
... Hose, $ ...	...	13 8 0
... Tarpaulin, $ ...	...	...
... Candles, $ ...	...	...
... Gloves, $ ...	...	...
... Ambulance, $ ...	...	...
...etery ... @ $ ...	...	...
... @ $ ...	...	...
...ion ... @ $ ...	...	...
...om ...	...	...
...	...	...
...quest ...	...	...
...	...	...
...	...	...
...rmit ...	5	00
(State Number and District)		
...eath Certificates No.	...	...
(State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $ ...		
Gross Total for Sales Tax ... $	...	...
Outlay ~~for Lot~~ at Vault - Denton	5	00
Cremation ...	...	...
Flowers, $ ... Palms, $ ... Matting, $ ...	...	...
Rental of Tent, $ ... of Temporary Vault, $ ...	...	...
Opening of Grave or Tomb ...	...	...
Lining Grave, $ ... Lowering Device, $ ...	...	...
Outlay for Shipping Charges ...	...	...
Clergyman, $ ... Singers, $ ... Organist, $ ...	...	...
Railroad or Motor } Tickets, $ ... Aeroplane } Service, $ ...	...	...
Telegr., Phone, Cable or Radio Charges ...	...	...
Cash Advanced ...	...	...
Out of town Funeral Director's Charges ...	...	...
Personal Service ... Mass	15	—
... Chronicle	8	00
... line Death Notices in ... Papers	...	...
... Local	3	61
(Names of Newspapers)		
... Democrat	5	00
20 lines ... Examiner	9	40
Sales Tax ...	13	80
Total Footing of Bill ... $	984	81
Less 46.00 - 30 days ... $	46	
Balance ... $	938	81
Entered into Ledger, page ... or below.		
Miscellaneous ...		
...		

Certifying Physician Wayne Craven M.D
(or Coroner)
His Address: Sonoma, Calif.
Name of Father Angelo Pischi
His Birthplace Italy
Maiden Name of Mother Rose Conta
Her Birthplace Italy
Date of Funeral June 23 Wed 10 A.M.
(Date) (Day of Week) (Hour)
Motor / Ship } Remains to ...
Size of Casket Heather Metal Dealer
(State Color and Number)
Manufactured by S. F. Casket Co.
Entombment / Cemetery / Crematory } Mt. Cemetery Sonoma

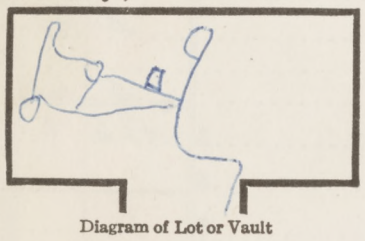

Diagram of Lot or Vault

Lot No. ...
Grave No. ...
Section No. ...
Block No. ...
Owner ...

Miscellaneous ...
...
...

Date			Amount Paid		Balance		Date		Amount Paid		Balance	
7-5-54		Statement										
...	...	To Above Balance ...	...	...	$ ...	...		To Balance Forward ...	...	...	$ ...	...
...	...	By Payment ...	$ ...	...	$ ...	...	July 10, 1954	By Payment ...	$ 938	81	$ ...	...
...	...	" " ...	$ ...	...	$ ...	...		" ...	$ ...	...	$ ...	...
...	...	" " ...	$ ...	...	$ ...	...		" " ...	$ ...	...	$ ...	...
...	...	" " ...	$ ...	...	$ ...	...		" " ...	$ ...	...	$ ...	...

Insurance $ ... Names of Lodges ... Insurance Companies ...

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ...
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from maturity at the rate of ... % per annum.

Signed ...

Witness ... Address ...

Revised by W. W. Feineman, Long Beach, California

Riverside Dept.
#427

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry June 23 19 54

Name of Deceased Hugh Ittner W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 50 Golden Gate ave S.F. ☐Husband ☐Wife ☐Widow } Alice

or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Alice Ittner (wife)

Address above

Order given by Mrs Wilbur Frank Donahue (or informant) (sister)

How Secured

If Veteran, Name of War —

Occupation Mfg Artificial Limbs 135-07-1005 (Social Security Number)

Employer and Address

Date of Death June 23, 1954 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Sept 6 1891 Age 62 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St Francis

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Brooklyn N.Y.

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death

Contributory Causes

Certifying Physician John Beaty MD (or Coroner)

His Address 496 Post St S.F.

Name of Father George Ittner

His Birthplace

Maiden Name of Mother Lucy Kernan

Her Birthplace

Date of Funeral June 26, Sat. 9:30 A.M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to

Size of Casket 1909 Cov 87 Metallic (State Color and Number)

Manufactured by S.F. Casket Co.

Cemetery / ~~Crematory~~ } Catholic Cemetery

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$ 521	—
Casket		
Burial Vault or Box (State Kind)	15	—
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		2600
Slippers, $ ..... Hose, $		15
Folding Chairs, $ ..... Tarpaulin, $		2750
Candelabrum, $ ..... Candles, $		3
Door Spray, $ ..... Gloves, $		650
Funeral Car, $ ..... Ambulance, $		82
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit S.F. (State Number and District)	1	00
___Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb	25	—
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced. High mass	35	00
Out of town Funeral Director's Charges		
Personal Service		
3 c/c —	3	00
....line Death Notices in ..... Papers		
Local — (Names of Newspapers)	3	61
Sales Tax	8	27
Total Footing of Bill	$ 611	88
Less 26.80 30 days	$ 26	80
Balance	$	

Entered into Ledger, page ..... or below.

Miscellaneous

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward		$
	By Payment	$	$	June 24 54	By Payment	200 —	$
	" "	$	$	July 6, 54	" "	$200	$
	" "	$	$	July 8 54	In full	$185 08	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Revised by W. W. Feineman, Long Beach, California

34

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry June 30 19 57

Name of Deceased Lloyd J. Tracey W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 35 Patton St. Sonoma ☐Husband ☐Wife ☐Widow } Bertha

or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Bertha Tracey

Address above

Order given by ..... (or informant)

How Secured .....

If Veteran, Name of War No

Occupation Real Estate (Social Security Number)

Employer and Address Self. owned

Date of Death June 26, 1954 1:30 P. (Mo.) (Day) (Yr.) (Hour)

Date of Birth Sept 25, 1892 Age 61 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Elks Lodge, Rev Morrill (Address)

Religion of the Deceased Prot

Birthplace San Francisco

Resided in the State Life (or U.S. or City or County) (Years) (Months)

Place of Death Real Estate Office Broadway

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician Wm J. Newman M.D. (or Coroner)

His Address Sonoma, Cal

Name of Father Charles J. Tracey

His Birthplace ? F

Maiden Name of Mother Catherine Brown

Her Birthplace ? F

Date of Funeral July 2, Friday 11 A.M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

Size of Casket Metal Sealer Silver (State Color and Number)

Manufactured by S. F. Casket Co

Entombed / Cemetery / Crematory } Mt. View Oakland

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Miscellaneous.....

.....

Complete Funeral (except outlays) special price	$	850 —
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		4 25
Dressing Body, $ ..... Underwear, $		4 25
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		7 50
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		17 50
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced. Organ - Marquee		5 00
Out of town Funeral Director's Charges		
Personal Service Rev. Morrill		10 00
Elks Lodge Service		
....line Death Notices in ..... Papers		
Examiner (Names of Newspapers)		8 82
Local		3 61
Democrat		5 00
		12 73
Sales Tax		
Total Footing of Bill	$	895 18
Less no further disc (special price given)	$	
Balance	$	

Entered into Ledger, page ..... or below.

Miscellaneous.....

.....

TRACEY—In Sonoma, Calif., June 29, 1954, Lloyd J. Tracey, dearly beloved husband of Mrs. Bertha Tracey of Sonoma, idolized uncle of Mrs. Winifred Schmuke of Vallejo, adored great-uncle of Lorna Farnocchi of Vallejo, loving brother of Harold T. Tracey of Novato and the late Charles J. and Mervyn R. Tracey; a native of San Francisco, aged 61 years. A member of Santa Rosa Lodge No. 646, B. P. O. E., also Sonoma Parlor, No. 111, N. S. G. W.

Friends are invited to attend the funeral services Friday, July 2 at 11:00 a. m. at the Chapel of Bates and Evans, Sonoma, under the auspices of Santa Rosa Lodge No. 646, B. P. O. E., assisted by the Rev. Ernest Morrill. Entombment, Mt. View Mausoleum, Oakland.

	Amount Paid	Balance	Date		Amount Paid	Balance
ce		$		To Balance Forward		$
	$	$		By Payment	$	$
	$	$	July 26	" " full	$ 895 18	$
	$	$		" "	$	$
	$	$		" "	$	$
" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry June 30 1954

Name of Deceased Morgan Osborn Rosser W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Rt 2 Bx 263 Sonoma ☐ Husband ☐ Wife ☐ Widow } Karen

or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Karen Rosser

Address Abade

Order given by ..... (or informant)

How Secured .....

If Veteran, Name of War na

Occupation Truck Driver 571-32-3222 (Social Security Number)

Employer and Address ~~Sonoma~~ Co.

Date of Death June (Mo.) 30 (Day) 1954 (Yr.) - 10:30 A. (Hour)

Date of Birth July (Mo.) 11 (Day) 1908 (Yr.) Age 45 (Yrs.) (Mos.) (Days)

Services at ~~the~~ Chapel

Clergyman Rev. Merrill - N.S.G.W. (Address)

Religion of the Deceased Prot

Birthplace Sonoma

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death D.O.A. at District Hospital

Cause of Death Myocardial infarction

Contributory Causes Coronary insufficiency

Certifying Physician Vernon Silverfield (or Coroner)

His Address Santa Rosa, Cal

Name of Father John Edward Rosser

His Birthplace Wales

Maiden Name of Mother Lula Osborn

Her Birthplace Calif -

Date of Funeral July 3 (Date) Sat (Day of Week) 2 P. M. (Hour)

Motor / Ship } Remains to .....

Size of Casket Grey H. P. (State Color and Number)

Manufactured by Golden State Casket Co

Cemetery / ~~Crematory~~ } Mt. Cemetery Sonoma

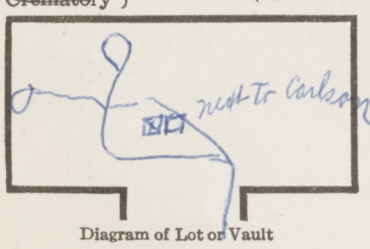

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$	345
Casket		
Burial Vault or Box (State Kind)		15
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		17 50
Suit or Dress (State Kind and Color)		15
Slippers, $ ..... Hose, $		187 50 3
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		5 6 25 50
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		5 —
Certif. Copies of Death Certificates No. 4 (State Physician's or Coroner's)		4
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		60 —
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service Rev. Merrill		10 —
also N.S.G.W. service		
....line Death Notices in ..... Papers		
Local (Names of Newspapers)		3. 61
Democrat		5 —
Music - Marcum - Foster Cooke		10 —
Sales Tax		5 63
Total Footing of Bill	$	463 24
Less 18.00 - 30 days	$	18 —
Balance	$	445

Entered into Ledger, page ..... or below.

Miscellaneous .....

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$		By Payment	$	$
Statement	" 7-6-54	$	$	July 14 54	on acct	100 —	$
	" "	$	$	July 29 54	" final	345 24	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Revised by W. W. Feineman, Long Beach, California

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RECORD OF FUNERAL

Total No. 7 Yearly No. ..... Date of Entry July 7 1954

Name of Deceased Frank M. Burris W

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence R.F.D. Arthur Sonoma ☐Husband ☐Wife ☐Widow of Lillian Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Lillian Burris

Address Bill to Barney Plover

Order given by ..... (or informant)

How Secured .....

If Veteran, Name of War No

Occupation Ret. Bank Mgr. 551-26-2953A (Social Security Number)

Employer and Address .....

Date of Death July 7 1954 7:35 A (Mo.) (Day) (Yr.) (Hour)

Date of Birth Nov. 16 1876 Age 77 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Temple Lodge #14 F. & A. M. (Address)

Religion of the Deceased Prot.

Birthplace Sonoma

Resided in the State Life (or U. S. or City or County) (Years) (Months)

Place of Death Imola - Napa State Hospital

Cause of Death Cerebro-Vascular Accident

Contributory Causes Cerebral Arteriosclerosis

Chr. Brain Syndrome, Associated with Cerebral Arteriosclerosis - With Psychotic Reaction

Certifying Physician E. W. Kreutzer M.D. (or Coroner)

His Address: Napa State Hospital

Name of Father David Burris

His Birthplace Missouri

Maiden Name of Mother Julia Wilbur

Her Birthplace: Caly

Date of Funeral July 9 Fri 10 A.M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

Size of Casket Metal Sealer - Heather (State Color and Number)

Manufactured by S. F. Casket Co.

Cemetery / ~~Crematory~~ } Mt. Cemetery Sonoma

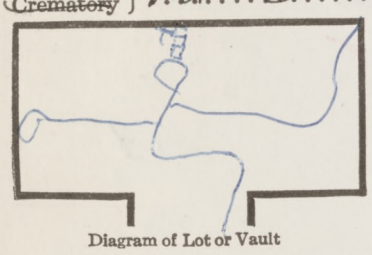

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

Statement to Mr. Plover

7-21-54 Listed with

Complete Funeral (except outlays)	$	905
Casket		
Burial Vault or Box (State Kind)		15 —
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		45 50
Dressing Body, $ ..... Underwear, $		15
Suit or Dress (State Kind and Color)		46 50
Slippers, $ ..... Hose, $		3
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		14 00
Funeral Car, $ ..... Ambulance, $		2 50
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		5 —
___Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb ✓ Cleaning		65 —
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced .. Local notice		3 61
Out of town Funeral Director's Charges		
Personal Service. Organ - Marcenes		$ —
Temple Lodge #14 - Service		7 14
....line Death Notices in ..... Papers Ef —		5 00
Democrat (Names of Newspapers)		
Call Bulletin		2 50
Chronicle		7 20
Sales Tax		14 03
Total Footing of Bill	$	1034 48
Less 46.00 - 30 days	$	46 —
Balance	$	988 48
Entered into Ledger, page ..... or below.		
Miscellaneous		988.48

Date		Amount Paid		Balance		Date		Amount Paid		Balance	
	nce			$			To Balance Forward			$	
				$			By Payment	$		$	
				$		Aug 12 54	In full	$998	48	$	
				$			"	$ 10 00		$	
				$		8-13-54	ck #5345 - " 10 —	rent to Mrs Burris		$	
				$			" "	Overpayment -		$	

BURRIS—In Napa, Calif., July 7, 1954, Frank M. Burris, dearly beloved husband of Mrs. Lillian Burris of Sonoma, beloved father of Mrs. Garrett K. Welch of Sonoma, loving brother of Mrs. Laura Draper of San Jose, and Mrs. Dora Glaister of Palo Alto; a native of Sonoma, aged 77 years. A member of Santa Rosa Lodge No. 53, F. & A. M., and a charter member of Santa Rosa Lodge No. 646, B.P.O.E. Friends are invited to attend the funeral services Friday, July 9, at 10 a. m. at the chapel of Bates & Evans, Sonoma, under the auspices of Temple Lodge No. 14, F. & A. M., Sonoma. Interment, Mountain Cemetery, Sonoma.

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

Lost June 20, 1954 37

RECORD OF FUNERAL

Found

Total No..... Yearly No..... Date of Entry July 11 1954

Name of Deceased Richard George Samson W.

☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence Rt. 2 Bx. 75 Sonoma ☐Husband ☐Wife ☐Widow or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to George Samson

Address above

Order given by ..... (or informant)

How Secured .....

If Veteran, Name of War no

Occupation mgr. X569-22-5349 (Social Security Number)

Employer and Address Sonoma Valley motor Parts

Date of Death June 30, 1954 mnk (Mo.) (Day) (Yr.) (Hour)

Date of Birth Jan. 31, 1922 Age 32 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Complete Funeral (except outlays)	$	360 -
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		180
Barber, $ ..... Hair Dressing, $		5 40
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
and District) sNo.		
or Coroner's) apel, $		
$		
ashes		60.00
mit		45 50
ting, $		
Vault, $		
vice, $		
anist, $		
Railroad or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service Ben Bultrum		10 -
music - Dan Ruggles		10 -
....line Death Notices in ..... Papers		
Local (Names of Newspapers)		3 61
1 c/c		1 00
Sales Tax		3 40
Total Footing of Bill	$	441 51
Less 18.00 30 days	$	
Balance	$	

Entered into Ledger, page .....or below.

Miscellaneous .....

Miscellaneous .....

July 13, 1954 19 NO. 07344

RECEIVED FROM BATES & EVANS

$40.00 in cash, 1 wallet, driver's license DOLLARS
Union Oil credit card, Misc. papers

Signed Gladys Samson

$ ..... HOW PAID ☐ BALANCE DUE G

SUNSET-MCKEE CO. OAKLAND LOS ANGELES FORM NO. 55

Her Birthplace Canada

Date of Funeral July 13 - Tue 2 P. M. (Date) (Day of Week) (Hour)

Motor Ship } Remains to .....

Size of Casket 195 - Brocade H.P. (State Color and ~~Number~~)

Manufactured by Golden State C. Co.

~~Cemetery~~ Crematory } Chapel of the Chimes D.R.

Diagram of Lot or Vault

Lot No. .....
Grave No. .....
Section No. .....
Block No. .....
Owner .....

Miscellaneous .....

Date		Amount Paid		Balance		Date		Amount Paid		Balance	
8-4-54	To Statement Above Balance			$			To Balance Forward			$	
	By Payment	$		$			By Payment	$		$	
	" "	$		$		July 12,	1954 on Acct	$ 100	-	$	
	" "	$		$		Aug 16	54 " "	$ 100	-	$	
	" "	$		$		Sept 13,	" 11 "	$ 241	51	$	
	" "	$		$			" "	$		$	

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within .....days from date. Interest to accrue from maturity at the rate of .....% per annum.

Signed .....

Witness ..... Address .....

Revised by W. W. Feineman, Long Beach, California

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RECORD OF FUNERAL

Total No. 1 Yearly No. ..... Date of Entry July 7 1954

Name of Deceased Frank M. Burris (What Race) W

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence R.F.D. Arthur Sonoma ☐Husband ☐Wife ☐Widow of Lillian

Charge to Mrs. Lillian Burris Age of Husband or Wife (if living) ..... Years

Address Rt. to Barney Plover

Order given by ..... (or informant)

How Secured .....

If Veteran, Name of War No

Occupation Ret. Bank Mgr. 551-26-2953A (Social Security Number)

Employer and Address .....

Date of Death July 7 1954 7:25 A (Mo.) (Day) (Yr.) (Hour)

Date of Birth Nov. 16 1876 Age 77 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Temple Lodge #14 F. & A. M. (Address)

Religion of the Deceased Prot.

Birthplace Sonoma

Resided in the State Life (or U. S. or City or County) (Years)

Place of Death Imola - Napa State H.

Cause of Death Cerebro-Vascular Accu

Contributory Causes Cerebral Arterioscle

Chr. Brain Syndrome Associated with Ce

Arteriosclerosis - With Psychotic

Certifying Physician E. W. Kreutzer M.D. (or Coroner)

His Address: Napa State Hospi

Name of Father David Burris

His Birthplace Missouri

Maiden Name of Mother Julia Wilbur

Her Birthplace: Caly

Date of Funeral July 9 Fri 10 A.M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

Size of Casket Metal Sealer - Heather (State Color and Number)

Manufactured by S. F. Casket Co.

Cemetery / Crematory } Mt. Cemetery Sonoma

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

Statement to

7-21-54 Filed with Plover

Complete Funeral (except outlays)	$ 905
Casket	
Burial Vault or Box (State Kind)	150
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	45 50
Dressing Body, $ ..... Underwear, $	15
Suit or Dress (State Kind and Color)	46 50
Slippers, $ ..... Hose, $	3
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	40 25
Door Spray, $ ..... Gloves, $	14
Funeral Car, $ ..... Ambulance, $	
Outlay for Shipping Charges	
Clergyman, $ ..... Singers, $ ..... Organist, $	
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced Local notice	3 61
Out of town Funeral Director's Charges	
Personal Service Organ - Marcuse	$ -
Temple Lodge #14 - Service	7 14
....line Death Notices in ..... Papers Ex	
Democrat	5 00
(Names of Newspapers)	
Call Bulletin	2 50
Chronicle	2 20
Sales Tax	14 03
Total Footing of Bill	$ 1034 48
Less 46.00 - 30 days	$ 46 -
Balance	$ 988 48

Entered into Ledger, page ..... or below.

Miscellaneous .....

988.48

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	nce		$		To Balance Forward		$
		$	$		By Payment	$	$
		$	$	Aug 12 54	In full	$ 988 48	$
		$	$		" 100	$	$
		$	$ 8-13-54 CK # 5345		" 10 " Sent to Mrs. Burris	$	$
		$	$		" " Overpayment	$	$

BURRIS—In Napa, Calif., July 7, 1954, Frank M. Burris, dearly beloved husband of Mrs. Lillian Burris of Sonoma, beloved father of Mrs. Garrett K. Welch of Sonoma, loving brother of Mrs. Laura Draper of San Jose, and Mrs. Dora Glaister of Palo Alto; a native of Sonoma, aged 77 years. A member of Santa Rosa Lodge No. 53, F. & A. M., and a charter member of Santa Rosa Lodge No. 646, B.P.O.E. Friends are invited to attend the funeral services Friday, July 9, at 10 a. m. at the chapel of Bates & Evans, Sonoma, under the auspices of Temple Lodge No. 14, F. & A. M., Sonoma. Interment, Mountain Cemetery, Sonoma.

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Witness .....

Signed .....

Address .....

Revised by W. W. Feineman, Long Beach, California

Lost June 20, 1954 37

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Found July 11 1954

Name of Deceased Richard George Samson W.

☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence Rt. 2 Bx. 75 Sonoma ☐Husband ☐Wife ☐Widow or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to George Samson

Address above

Order given by ..... (or informant)

How Secured .....

If Veteran, Name of War no.

Occupation mgr. X569-22-5349 (Social Security Number)

Employer and Address Sonoma Valley Motor Parts

Date of Death June 20, 1954 (Mo.) (Day) (Yr.) rmk (Hour)

Date of Birth Jan. 31, 1922 Age 32 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

rgyman ..... (Address)

igion of the Deceased Prot.

thplace Daly City, Cal.

sided in the State Life — (or U. S. or City or County) (Years) (Months)

ce of Death Pacific Ocean —

use of Death .....

ntributory Causes .....

.....

rtifying Physician ..... (or Coroner)

s Address .....

ame of Father George Samson

is Birthplace Calif.

laiden Name of Mother Gladys Whell

Her Birthplace Canada

Date of Funeral July 13 - Tue 2 P. M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

Size of Casket 195 - Brocade H.P. (State Color and ~~Number~~)

Manufactured by Golden State C. Co.

~~Cemetery~~ / Crematory } Chapel of the Chimes D.P.

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

.....

.....

Complete Funeral (except outlays)	$ 360 —
Casket	
Burial Vault or Box (State Kind)	
Embalming Body (Name of Embalmer)	180
Barber, $ ..... Hair Dressing, $	5 40
Dressing Body, $ ..... Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
___Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)	
Pall Bearer Service, $ .... Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot Shipping Ashes	60 00
Cremation + permit	45 50
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ .... of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $ ..... Singers, $ .... Organist, $	
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service Ken Bultman	10 —
Music — Dan Ruggles	10 —
....line Death Notices in ..... Papers	
..... Local	3 61
(Names of Newspapers) 1 c/c	1 00
Sales Tax	3 40
Total Footing of Bill	$ 441 51
Less 18.00 30 days	$
Balance	$
Entered into Ledger, page ..... or below.	

Miscellaneous .....

.....

Date		Amount Paid	Balance
8-4-54	To Above Balance Statement		$
	By Payment		$
	" "		$
	" "		$
	" "		$
	" "		$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
July 12,	1954 on acct	$ 100 —	$
Aug 16	54 " "	$ 100 —	$
Sept 13,	" 11 "	$ 241 51	$
	" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Revised by W. W. Feineman, Long Beach, California

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RECORD OF FUNERAL

Total No. 7 Yearly No. ..... Date of Entry July 11 1954

Name of Deceased Frank R. Ramos W.

☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Rt 2 Bx 358 Sonoma ☐Husband ☐Wife ☐Widow or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Frank R. Ramos Sr.

Address above

Order given by ..... (or informant)

How Secured: .....

If Veteran, Name of War yes

Occupation Laborer X 528-42-2272 (Social Security Number)

Employer and Address Gravel Pit

Date of Death July 11 1954 7 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Jan 6 1932 Age 22 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Father Roberto Sonoma (Address)

Religion of the Deceased Catholic

Birthplace San Jose

Resided in the State Life (or U. S. or City or County) (Years) (Months)

Place of Death .....

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician ..... (or Coroner)

His Address: Napa, Calif.

Name of Father Frank R. Ramos

His Birthplace Mass.

Maiden Name of Mother Sylvania Babcock

Her Birthplace Missouri

Date of Funeral July 14 (Date) Wed (Day of Week) 9:30 A.M. (Hour)

Motor / Ship } Remains to .....

Size of Casket Sutter Casket Co. Taupe (State Color and Number)

Manufactured by Sutter Casket Co.

Cemetery / Crematory } Catholic Cem. Sonoma

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

8-4-54 statement

Complete Funeral (except outlays)	$ 458	-
Casket		
Burial Vault or Box (State Kind)	125	-
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		25 15
Slippers, $ ..... Hose, $		2 44
Folding Chairs, $ ..... Tarpaulin, $		2 3 2
Candelabrum, $ ..... Candles, $		3
Door Spray, $ ..... Gloves, $		7
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot: ~~Use~~ 3 graves	300	-
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb	25	-
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service Service in Chapel	15	00
.....		
... line Death Notices in ..... Papers		
Examiner (Names of Newspapers)	6	72
Local	3	61
.....		
Sales Tax	9	32
Total Footing of Bill	$ 830	65
Less 23 days - 30 days	$ 25	75
Casket Spray — Balance	$ 856	40
Entered into Ledger, page ..... or below.		

Miscellaneous .....

RAMOS—In Napa, Calif., July 11, 1954, Frank R. Ramos Jr., dearly beloved son of Mr. and Mrs. Frank R. Ramos of Sonoma, beloved brother of Mrs. Bernice Pacheco of San Marten, Mrs. Margaret Williams of S.F., and Mrs. Jerry Chesebrough of Santa Monica; a native of San Jose, aged 22 years; a veteran of the Korean War, United States Marines.

Friends are invited to attend the funeral services, Wednesday, July 14, at 9:30 a.m. at the Chapel of Bates & Evans, Sonoma. Interment, Catholic Cemetery, Sonoma. Rosary will be recited Tuesday evening at 8:00 o'clock.

Date		Amount Paid		Balance		Date		Amount Paid		Balance	
.....	ce			$			To Balance Forward			$	
.....		$		$			By Payment Don't mark	$		$	
.....		$		$		Aug 23, 1954	on acc't	$ 150	-	$	
.....		$		$		Sept 22	"In full	$ 706	40	$	
.....		$		$			" "	$		$	
.....	" "	$		$			" "	$		$	

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry July 18 1954

Name of Deceased Jo Ann Collier W.

☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence P.O Bx 534 - Boyes Hot Springs ☐Husband ☐Wife ☐Widow } ..... Age of Husband or Wife (if living) ..... Years
or ..... of

Charge to (No Charge) Father's Name

Address John Collier address above

Order given by 11 Locust St. Boyes Springs (or informant)

How Secured .....

If Veteran, Name of War no.

Occupation None none (Social Security Number)

Employer and Address .....

Date of Death July 16, 1954 12:50 P. (Mo.) (Day) (Yr.) (Hour)

Date of Birth July 8, 1951 Age 3 10 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Faith Lutheran Church

Clergyman Rev. Wm McMurdie (Address)

Religion of the Deceased Prot.

Birthplace Sonoma

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death Acute Leukemia

Contributory Causes .....

.....

Certifying Physician Charles E. Peck M.D. (or Coroner)

His Address 170 B. Satoyome Ave. S.R.

Name of Father John A. Collier

His Birthplace Texas

Maiden Name of Mother Mercedes Oparicio

Her Birthplace Central America

Date of Funeral July 21 - Wed 2 P. M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

Size of Casket 3/9 - # 50 White Lamb (State Color and Number)

Manufactured by Golden State Casket Co.

Cemetery / Crematory } Mt. Cemetery Sonoma, Calif.

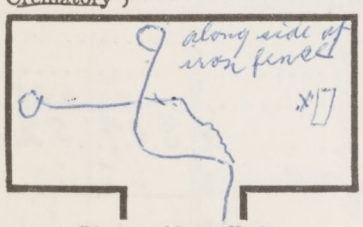

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

.....

.....

Complete Funeral (except outlays)	$	
Casket # Complete Service		84.00
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
..... line Death Notices in ..... Papers		
..... (Names of Newspapers)		
.....		
Sales Tax		
Total Footing of Bill	$	
Less	$	
Balance	$	

donated - because financially difficulty

Entered into Ledger, page ..... or below.

Miscellaneous .....

.....

Date		Amount Paid	Balance	Date		Amount Paid	Balance
.....	To Above Balance	.....	$		To Balance Forward	.....	$ .....
.....	By Payment	$	$	.....	By Payment	$	$ .....
.....	" "	$	$	.....	" "	$	$ .....
.....	" "	$	$	.....	" "	$	$ .....
.....	" "	$	$	.....	" "	$	$ .....
.....	" "	$	$	.....	" "	$	$ .....

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Revised by W. W. Feineman, Long Beach, California

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry July 31 1954

Name of Deceased Mae W. Black

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race) W.

Residence R.1. Bx 76B Sonoma

☐ Husband ☐ Wife ☐ Widow } of Robert R.

Charge to Robert R. Black Age of Husband or Wife (if living)..... Years

Address above

Order given by Mrs Ernest Thayer (Undertaker)

How Secured 1647-E. 28th St. Long Beach 6 phone 470 5516

If Veteran, Name of War No.

Occupation At home X yes no (Social Security Number)

Employer and Address

Date of Death July 31, 1954 (Mo.) (Day) (Yr.) (Hour)

Date of Birth May 9 Age (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Dr. Buttrum Sonoma (Address)

Religion

See Pre-arranged Book for Location & Issue

RECEIPT Date Aug 3 1954 1394

Received From Bates & Evans

Address Sonoma

Two Hundred Sixty & 75/100 Dollars $260.75

For acct for Mae W. Black and reserve for Robert Black

ACCOUNT		HOW PAID	
AMT. OF ACCOUNT	260 75	CASH	
AMT. PAID	260 75	CHECK	✓
BALANCE DUE	0	MONEY ORDER	

By Odd Fellows Cemetery A. E. Anderson

I.O.O.F. CEMETERY ASS'N. FRANKLIN AVE. TEL. 4890 P.O. BOX 995 SANTA ROSA, CALIF.

8K806 Rediform

Maiden Name of Mother.....

Her Birthplace Mac Arthur Canada

Date of Funeral Aug 3 2 P.M. (Date) (Day of Week) (Hour)

Motor Ship } Remains to .....

Size of Casket Std. Full (State Color and Number)

Manufactured by S.F. Casket Co.

Cemetery Crematory } I.O.O.F. Santa Rosa

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Miscellaneous.....

Complete Funeral (except outlays)	$	510 -
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
~~Suit or~~ Dress x Sat (State Kind and Color)		17 5.1
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		2.5
Candelabrum, $ ... Candles, $		12
Door Spray, $ ... Gloves, $		22.3
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		8.16
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
...district)		
...mer's)	$	
	$	260 75
	$	
	$	
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad or Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service Mr. music		
Dr. Buttrum		10 -
...line Death Notices in ... Papers		
Press Democrat (Names of Newspapers)		3. 6.1
		7. 65
Sales Tax		
Total Footing of Bill	$	809 52
Less 25.50 - 30 days	$	25 50
Balance	$	

Entered into Ledger, page ..... or below.

Miscellaneous.....

Date		Amount Paid	Balance	Date		Amount Paid	Balance
8-4-54	Statement				To Balance Forward		
	To Above Balance				By Payment		
	By Payment			Aug 3 54	" "	170 -	
	" "			Aug 27 1954	" full	614 02	
	" "				"		
	" "				"		

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry August 10 1954

Name of Deceased Joseph Fredrick King W.

☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence Rt. 2 Box 240A Sonoma ☐Husband ☐Wife ☐Widow or ..... of } .....

Charge to Mrs. Ethel Acheson (mother) Age of Husband or Wife (if living)..... Years

Address above

Order given by..... (or informant)

How Secured.....

If Veteran, Name of War U.S. Navy Honorable

Occupation Laborer X-7[illegible] (Social Security Number)

Employer and Address .....

Date of Death August 10, 1954 10:15 P. (Mo.) (Day) (Yr.) (Hour)

Date of Birth May 6, 1933 Age 21 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev. Peter Van Es Sonoma (Address)

Religion of the Deceased Prot.

Birthplace Fresno, Calif.

Resided in the State Life (or U.S. or City or County) (Years) (Months)

Place of Death enroute to hospital

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician Vernon Dilgersheid Coroner (or Coroner)

His Address Santa Rosa, Calif.

Name of Father Fredrick King

His Birthplace.....

Maiden Name of Mother Ethel M. Trutner

Her Birthplace Minnesota

Date of Funeral Aug. 13 Friday 11 A.M. (Date) (Day of Week) (Hour)

Motor Ship } Remains to .....

Size of Casket Metallic (State Color and Number)

Manufactured by A. F. Casket Co.

Cemetery Crematory } Fresno, Calif.

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Miscellaneous.....

.....

8/17/54 Statement

Complete Funeral (except outlays)	$ 536 —
Casket	
Burial Vault or Box (State Kind)	
Embalming Body (Name of Embalmer)	26 8
Barber, $..... Hair Dressing, $	3
Dressing Body, $..... Underwear, $	8 04
Suit or Dress (State Kind and Color)	
Slippers, $..... Hose, $	
Folding Chairs, $..... Tarpaulin, $	
Candelabrum, $..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)	
Pall Bearer Service, $.... Use of Chapel, $	
Gross Total for Sales Tax ..... $	
Outlay for Lot Fares to Fresno	14 01
Cremation	
Flowers, $..... Palms, $..... Matting, $	
Rental of Tent, $.... of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $..... Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $..... Singers, $.... Organist, $	
Railroad or Motor } Tickets, $..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service Rev. Van Es	10 —
Music — Dunbar — Paul —	10 —
....line Death Notices in..... Papers	
Local (Names of Newspapers)	3 61
Sales Tax	8 27
Total Footing of Bill ..... $	581 89
Less 26.80 - 30 days ..... $	
Balance ..... $	
Entered into Ledger, page.....or below.	

Miscellaneous.....

.....

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$	Aug 16 54	On acct	344 —	$
	" "	$	$	Sept 11, 54	" " " "	27 89	$
	" "	$	$	Oct 8, 54	" " " "	25 —	$
	" "	$	$	Nov 10 54	" " " "	25 —	$
				Dec 29, 54		20 —	
				Jan 11 55		25 —	
				Feb 10, 55		25	
				Mar. 9, 55		25	
				April 8, 55		25	40 Bal
				May 10, 1955		15 —	25 Bal
				May 26 55	Infull	25.00	

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of .....% per annum.

Signed.....

Witness..... Address.....

Revised by W. W. Feineman, Long Beach, California

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry July 31 1954

Name of Deceased Mae W. Black (What Race) W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence R.1 Bx 76B Sonoma ☐Husband ☐Wife ☐Widow of Robert R.

Charge to Robert R. Black Age of Husband or Wife (if living)..... Years

Address above

Order given by Mrs Ernest Thayer (Informant)

How Secured 1667 E. 28th Long Beach 6 Phone 440 55 16

If Veteran, Name of War No

Occupation At home X Yes No (Social Security Number)

Employer and Address

Date of Death July 31, 1954 (Mo.) (Day) (Yr.) (Hour)

Age May 9, (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Chapel

Buttrum Sonoma (Address)

Interred Prat —

Nevada

(or U. S. or City or County) (Years) (Months)

Sonoma Co. Hospital

Cause

Contributing Causes

Attending Physician (or Coroner)

Address

Name of Father James Walker

Birthplace Canada

Maiden Name of Mother Mary Taylor

Her Birthplace Mac Arthur Canada

Date of Funeral Aug. 3 (Date) (Day of Week) 2 P.M. (Hour)

Motor / Ship } Remains to

Size of Casket Std (State Color and Number)

Manufactured by S.F. Casket Co.

Cemetery / Crematory } I.O.O.F. — Santa Rosa

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$ 5	10 -
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
~~Suit or~~ Dress X Lot (State Kind and Color)	17	5 1/2
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot 2 Graves	260	00
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad / or Motor } Tickets, $ ... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service Mr music		
... Dr. Buttrum	10	—
... line Death Notices in ... Papers		
... Local (Names of Newspapers)	3	61
	7	65
Sales Tax		
Total Footing of Bill	$ 8 09	52
Less 25.50 - 30 days	$ 25	50
Balance	$	
Entered into Ledger, page ... or below.		
Miscellaneous		

Date		Amount Paid	Balance	Date		Amount Paid	Balance
8-4-54	Statement To Above Balance		$		To Balance Forward		$
	By Payment	$	$	July 31 1954	By Payment	$	$
	" "	$	$		" "	$ 170 —	$
	" "	$	$	July 27 1954	" full	$ 614 02	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ... Names of Lodges ... Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from maturity at the rate of ... % per annum.

Signed ...

Witness ... Address ...

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry August 10 1954

Name of Deceased Joseph Fredrick King W

☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence Rt. 2 Box 240A Sonoma ☐Husband ☐Wife ☐Widow

Charge to Mrs. Ethel Acheson (mother) or ..... of } Age of Husband or Wife (if living) ..... Years

Address above

Order given by ..... (or informant)

How Secured .....

If Veteran, Name of War U.S. Navy Undesirable

Occupation Laborer X yes (Social Security Number)

Employer and Address .....

Date of Death August 10, 1954 10:15 P. (Mo.) (Day) (Yr.) (Hour)

Date of Birth May 6, 1933 Age 21 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev. Peter Van Es Sonoma (Address)

Religion of the Deceased Prot.

Birthplace Fresno, Calif.

Resided in the State Life (or U.S. or City or County) (Years) (Months)

Place of Death enroute to hospital

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician Vernon Dibrell Carroll (or Coroner)

His Address Santa Rosa, Calif.

Name of Father Fredrick King

His Birthplace .....

Maiden Name of Mother Ethel M. Kuttner

Her Birthplace Minnesota

Date of Funeral Aug. 13 Friday 11 A.M. (Date) (Day of Week) (Hour)

Motor Ship } Remains to .....

Size of Casket Metalic (State Color and Number)

Manufactured by A. F. Casket Co.

Cemetery Crematory } Fresno, Calif.

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

.....

8/17/54 Statement

Complete Funeral (except outlays)	$ 536 —
Casket	
Burial Vault or Box (State Kind)	
Embalming Body (Name of Embalmer)	26 8
Barber, $ ..... Hair Dressing, $	3 —
Dressing Body, $ ..... Underwear, $	8 04
Suit or Dress (State Kind and Color)	
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
___Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)	
Pall Bearer Service, $ .... Use of Chapel, $	
Gross Total for Sales Tax	$
~~Outlay for Lot~~ Fares to Fresno	14 61
Cremation	
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ .... of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $ ..... Singers, $ .... Organist, $	
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service Rev. Van Es	10 —
Music Dunbar Paul	10 —
.... line Death Notices in ..... Papers	3 61
..... Local ..... (Names of Newspapers)	
Sales Tax	8 27
Total Footing of Bill	$ 581 89
Less 26.80 - 30 days	$
Balance	$
Entered into Ledger, page ..... or below.	
Miscellaneous	

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance				To Balance Forward		
	By Payment				By Payment		
	" "			Aug 16 54	On acct	344 —	
	" "			Sept 11 54	" " "	27 89	
	" "			Oct 8, 54	" " "	25 —	
	" "			Nov 10 54	" " "	25 —	

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from ..... maturity at the rate of ..... % per annum.

Signed .....

Address .....

Witness .....

Revised by W. W. Feineman, Long Beach, California.

Dec 29 55 20 —
Jan 11 55 25 —
Feb 10 55 25 —
Mar 9 55 25 —
April 8 55 25 — 40 Bal
" " 15 — 25 Bal
May 10, 1955 " "
May 26 55 Dn full 25.00

RECORD OF FUNERAL

Total No.................. Yearly No.................. Date of Entry August 14 1954

Name of Deceased Gordon Frank Aplude (What Race) W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence Rt 2 Bx 375 Sonoma ☐Husband☐Wife☐Widow or .... of } Mae Age of Husband or Wife (if living)........ Years

Charge to Mrs. Mae Aplude

Address Wm Edward Aplude (Son-

Order given by (or informant)........

How Secured........

If Veteran, Name of War No

Occupation Ret. Machinist 567-05-3954A (Social Security Number)

Employer and Address Mare Island

Date of Death Aug 14, 1954 11:50 a- (Mo.) (Day) (Yr.) (Hour)

Date of Birth Sept. 18, 1883 Age 70 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Reader Witt (Address)

Religion of the Deceased Prot

Birthplace Wisconsin

Resided in the State........ (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death........

Contributory Causes........

Certifying Physician A. K. McGrath M.D. (or Coroner)

His Address Sonoma Cal-

Name of Father John B. Aplude

His Birthplace........

Maiden Name of Mother — Ducetta

Her Birthplace........

Date of Funeral Aug 16, Mon. 2 P. M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to........

Size of Casket #80 Grey (State Color and Number)

Manufactured by Golden State Casket Co

Cemetery / Crematory Chapel of the Chimes Santa Rosa

Diagram of Lot or Vault

Lot No........
Grave No........
Section No........
Block No........
Owner........

Miscellaneous........

Item	$	¢
Complete Funeral (except outlays) $		
Casket	160	—
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $........ Hair Dressing, $		
Dressing Body, $........ Underwear, $		80 [illegible]
Suit or Dress (State Kind and Color)		3/40 [illegible]
Slippers, $........ Hose, $		
Folding Chairs, $........ Tarpaulin, $		
Candelabrum, $........ Candles, $		
Door Spray, $........ Gloves, $		
Funeral Car, $........ Ambulance, $		
Limousines to Cemetery .... @ $		
Extra Limousines .... @ $		
Autos to R. R. Station .... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax $		
Outlay for Lot		
Cremation	45	50
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $...... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $.... Singers, $.... Organist, $		
Railroad or Motor } Tickets, $........ Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service. H P Witt minister	10	—
Line Death Notices in None Papers		
music (Marcucci Mrs Witt) (Names of Newspapers)	10	—
Sales Tax	2	40
Total Footing of Bill $	227	40
Less 1 c/c $	1	
Balance $	228	40
Entered into Ledger, page...... or below.	8	
Miscellaneous	220	40

Date			Amount Paid		Balance		Date		Amount Paid		Balance	
		To Above Balance			$			To Balance Forward			$	
		By Payment	$		$			By Payment	$		$	
		" "	$		$		Aug 14-54	Cash	$ 70	—	$	
		" "	$		$		Sept 13	" [illegible]	$ 150	40	$	
		" "	$		$			"	$		$	
		" "	$		$			"	$		$	

Insurance $........ Names of Lodges........ Insurance Companies........

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to........ (Firm Name of Funeral Directors.) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within........ days from date. Interest to accrue from maturity at the rate of........ % per annum.

Signed........

Witness........ Address........

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry August 17 1954

Name of Deceased Anna J. Hurley W.

☐ Married ☐ Single ☑ Widowed ☐ Divorced (What Race)

Residence 1829 Adeline St. Oakland ☐Husband ☐Wife ☐Widow or ..... of ..... Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Geo. D. Ketchum

Address 181 Chase St Sonoma

Order given by ..... (or informant)

How Secured .....

If Veteran, Name of War no

Occupation at home no (Social Security Number)

Employer and Address .....

Date of Death Aug. 17, 1954 12:10 A. (Mo.) (Day) (Yr.) (Hour)

Date of Birth April 8, 1884 Age 70 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Francis

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Oakland

Resided in the State Life (or U. S. or City or County) (Years) (Months)

Place of Death enroute to District Hospital

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician Vernon Silvershield, Coroner (or Coroner)

His Address Santa Rosa, Calif.

Name of Father Daniel Nolan

His Birthplace Ireland

Maiden Name of Mother Bridget Carcaran

Her Birthplace Ireland

Date of Funeral Aug. 19 Thurs. 9 A. M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

Size of Casket Grey 2 ch. (State Color and Number)

Manufactured by Golden State Casket Co.

Cemetery / Crematory } St. Marys Cem. Oakland

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

8-25-54 statement

Complete Funeral (except outlays)	$ 379 —
Casket	
Burial Vault or Box (State Kind)	
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress 17.50 + 14.50 (State Kind and Color)	17 50
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	18 95
Door Spray, $ ..... Gloves, $	17 —
Funeral Car, $ ..... Ambulance, $	20 65
Limousines to Cemetery ..... @ $	3 —
Extra Limousines ..... @ $	19 50
Autos to R. R. Station ..... @ $	6 —
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)	
Pall Bearer Service, $ .... Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot	
Cremation	
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ .... of Temporary Vault, $	
Opening of Grave or Tomb Y. Box	75 44
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $ ..... Singers, $ .... Organist, $	
Railroad or Motor } Tickets, $ ..... Aero-plane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service .... mass	15 00
line Death Notices in ..... Papers	
Examiner (Names of Newspapers)	4 62
Drive at Cemetery	5 —
One Pallbearer Jim Baker	3 50
Sales Tax	5 69
Total Footing of Bill	$ 505 76
Less 18.95 - 20 days	$ 80 44
Balance	$ 425 32
Entered into Ledger, page ..... or below.	18 95
Miscellaneous	406 57

HURLEY—In Sonoma, Calif., August 17, 1954, Anna Hurley; a native of Oakland, aged 70 years.
Friends are invited to attend the funeral services Thursday, August 19, at 8:30 a. m. at the Chapel of Bates & Evans, Sonoma; thence to St. Francis Church, Sonoma, where a Requiem Mass will be offered for the repose of her soul commencing at 9 a. m. Interment, St. Mary's Cemetery, Oakland.

			Amount Paid		Balance		Date		Amount Paid		Balance	
								To Balance Forward				
								By Payment				
							Aug 18	Mrs Armas	80	44		
							Aug 31, 54	"	406	57		
								"				
								"				

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Witness ..... Signed .....

Address .....

Revised by W. W. Feineman, Long Beach, California

44

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry August 17 1954

Name of Deceased John Ray Simmons W.

☐ Married ☐ Single ☐ Widowed ☒ Divorced (What Race)

Residence Phoenix Arizona ☐Husband ☐Wife ☐Widow

Charge to Mrs. Osa Eliason (Sister) or..... of } Age of Husband or Wife (if living)..... Years

Address P.O. Box 888 Donora

Order given by..... (or informant)

How Secured.....

If Veteran, Name of War No

Occupation Truck Driver 527-09-6700 (Social Security Number)

Employer and Address.....

Date of Death Aug. 17, 1954 ? (Mo.) (Day) (Yr.) (Hour)

Date of Birth Feb. 22, 1914 Age 40 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Phoenix Arizona

Clergyman..... (Address)

Religion of the Deceased Prot.

Birthplace Raymond Kansas

Resided in the State..... (or U.S. or City or County) (Years) (Months)

Place of Death Arcola, Calif.

Cause of Death Hemorrhage

Contributory Causes Duodenal Ulcer

.....

Certifying Physician..... (or Coroner)

His Address.....

Name of Father John H. Simmons

His Birthplace Indiana

Maiden Name of Mother Carda Brown

Her Birthplace Missouri

Date of Funeral Aug. 19 Thurs. 9 A. M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to Phoenix, Arizona

Size of Casket Grey H.P. (State Color and Number)

Manufactured by Golden State Casket Co.

Cemetery / Crematory Phoenix, Arizona

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Miscellaneous.....

.....

.....

Complete Funeral (except outlays)	$ 360.	00
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit ~~or Dress~~ 10.50 24.329 (State Kind and Color)	10	82
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $		
Railroad / or Motor } Tickets, $..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced.... Jones & Phoenix	57	22
Out of town Funeral Director's Charges		
Personal Service		
.....line Death Notices in..... Papers (Names of Newspapers)		
Sales Tax ...No Tax Out of State		
Total Footing of Bill	$ 428	04
Less 18.00 30 days	$	
Balance	$	

Entered into Ledger, page.....or below.

Miscellaneous.....

.....

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
	" "	$	$
Sept 7	" "	$ 250 —	$
Jan 9 '55	" "	$ 50	$
	" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry August 19 19..54

Name of Deceased R. Davis Roadruck M.D. W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Eldridge, Caly. ☐Husband ☐Wife ☐Widow of Marjorie

Charge to Mrs. Marjorie R. Roadruck Age of Husband or Wife (if living)..... Years

Address Eldridge c/o Dorothy M. Roadruck 4500 Graywood Ave Long Beach Caly

Order given by (or informant)

How Secured

If Veteran, Name of War W.W. - 2

Occupation Physician (Social Security Number) unk

Employer and Address Sonoma State Hospital

Date of Death Aug 19, 1954 11:55 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Nov 7, 1905 Age 48 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Temple Lodge #14 F. & A.M. (Address)

Religion of the Deceased Prot.

Birthplace Omaha, Nebraska

Resided in the State (or U. S. or City or County) (Years) 7 (Months)

Place of Death Fort Miley S.F.

Cause of Death Thrombosis, left

Contributory Causes Coronary Artery

Coronary Arteriosclerosis

Certifying Physician I.V. Feintmeur M.D. (or Coroner)

His Address V.A. Hospital

Name of Father Charles Roadruck

His Birthplace Indiana

Maiden Name of Mother Jessie Davis

Her Birthplace Iowa

Date of Funeral Aug 23 Mon 3 P.M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to

Size of Casket Halsted's Casket (State Color and Number)

Manufactured by

~~Cemetery~~ / Crematory } Chapel of the Chimes Santa Rosa

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

9-15-54 - statement

Complete Funeral (except outlays) Chapel + personal services	$	50 00
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $ ..... Gloves, $		3 50
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
~~Extra~~ Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from San Francisco		25 00
Taking Remains to		
Trip to Coroner's Inquest Funeral Coach		15 00
Delivering Box to Limousine		10 00
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		45 00
Flowers, $..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $		
Railroad / or Motor } Tickets, $..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
Ordered by Bravos 6 c/c		6 00
....line Death Notices in .....Papers		
Press Democrat (Names of Newspapers)		31 61
S.F. Examiner		7 50
S.F. Chronicle		7 65
Sales Tax		
Total Footing of Bill	$	173 26
Less	$	
Balance	$	
Entered into Ledger, page .....or below.		

Miscellaneous

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$	Oct 7, 1954	" " full	$ 173 26	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Revised by W. W. Feineman, Long Beach, California

46

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry August 21 19 54

Name of Deceased Joseph J. Parker W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 552 E. 3rd St. Sonoma ☐ Husband ☐ Wife ☐ Widow of Helen B.

Charge to Mrs. Helen B. Parker Age of Husband or Wife (if living)..... Years

Address Above

Order given by (or informant)

How Secured

If Veteran, Name of War No.

Occupation Ret. Clerk 700-10-4065 (Social Security Number)

Employer and Address S.P. R.R. Co.

Date of Death Aug 21, 1954 7:05 P. (Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct 21, 1879 Age 74 10 0 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Home

Clergyman

Religion of the Deceased Christian Science (Address)

Birthplace Oregon

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death Pulmonary Edema

Contributory Causes Bronchial Pneumonia

Certifying Physician Vernon Delvecchio Santa Rosa (or Coroner)

His Address Santa Rosa

Name of Father William Parker

His Birthplace

Maiden Name of Mother Fannie

Her Birthplace

Date of Funeral Aug 23 Mon. 10 A. M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to

Size of Casket #20 Flat Top (State Color and Number)

Manufactured by Golden State Casket Co.

Cemetery / Crematory } Chapel of the Chimes S.R.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

8-23-54 Statement

Complete Funeral (except outlays)	$	
Casket	160	-
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		80
Suit or Dress (State Kind and Color)		3
Slippers, $ ... Hose, $		240
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation	45	00
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad / or Motor } Tickets, $ ... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
...line Death Notices in ... Papers (Names of Newspapers)		
Sales Tax	2	40
Total Footing of Bill	$ 207	40
Less 8 00 - 30 days 3%	$ 3	
Balance	$ 210	40
Entered into Ledger, page ... or below.		
Miscellaneous		

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$	Sept 7	Dr-full	$ 202 40	$
	" "	$	$		"	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ... Names of Lodges ... Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from maturity at the rate of ... % per annum.

Signed

Witness ... Address

Revised by W. W. Feineman, Long Beach, California

47

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Aug 23 19 54

Name of Deceased Ross Arthur Feliz White
(What Race)

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence Rt 2 Bx 305 Sonoma ☐Husband ☐Wife ☐Widow } Alice Mae
or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mrs Alice Feliz

Address Abbaee

Order given by ..... (or informant)

How Secured .....

If Veteran, Name of War no

Occupation Ret. Police Officer no
(Social Security Number)

Employer and Address Oakland city

Date of Death Aug 23, 1954 7:40 P
(Mo.) (Day) (Yr.) (Hour)

Date of Birth July 8, 1890 Age 64
(Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Albert Brown Mortuary Oakland

Clergyman C
(Address)

Religion of the Deceased Grat

Birthplace Gold Creek, Nevada

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician Max K. Mendenhal MD
(or Coroner)

His Address Sonoma Calif

Name of Father Juan Feliz

His Birthplace Calif

Maiden Name of Mother Mettie Holland

Her Birthplace Nevada

Date of Funeral Aug 26, Thurs 2 P. M.
(Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

Size of Casket Taupe
(State Color and Number)

Manufactured by Sutter Casket Co

Entombment / Cemetery / Crematory } Sunset Mausoleum Oakland

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Miscellaneous.....

.....

.....

Complete Funeral (except outlays)	$ 473	—
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		2.36 50 3 50
Dressing Body, $ ..... Underwear, $		7.00
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
..... R C/C	2	00
....line Death Notices in ..... Papers		
..... Local (Names of Newspapers)	3	61
Sales Tax	7	10
Total Footing of Bill	$ 485	71
Less 23.65 - 30 days	$ 23	65
Balance	$ 462	06

Entered into Ledger, page ..... or below.

Miscellaneous.....

.....

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
Sept 3 St	" In full	462 06	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to .....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

48

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Aug 26 1954

Name of Deceased Mae W. Thompson W.

☐ Married ☐ Single ☐ Widowed ☑ Divorced (What Race)

Residence 1938 Seminary Ave Oakland ☐Husband ☐Wife ☐Widow of ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Harold C. Thompson

Address 5834 Harmon ave Oakland

Order given by above – (or informant)

How Secured .....

If Veteran, Name of War No.

Occupation At home No. (Social Security Number)

Employer and Address .....

Date of Death Aug 26, 1954 7 P. (Mo.) (Day) (Yr.) (Hour)

Date of Birth March 17, 1870 Age 84 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Graveside –

Clergyman Rev. Stuart Patten Willits (Address)

Religion of the Deceased Prot.

Birthplace Sonoma Calif –

Resided in the State Life – (or U. S. or City or County) (Years) (Months)

Place of Death Seminary Rest Home Oakland –

Cause of Death Hypertensive C-V- disease

Contributory Causes Hypertention Arteriosclerosis

Certifying Physician Dr. Marinoff M.D. (or Coroner)

His Address Oakland, Calif

Name of Father Peter N. Thompson

His Birthplace Denmark

Maiden Name of Mother Evelina Jepsen

Her Birthplace Denmark

Date of Funeral Aug 28 Sat 2:30 P. M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

Size of Casket Sold at Grant Millers (State Color and Number)

Manufactured by .....

Cemetery / Crematory } Mt. Cemetery Sonoma –

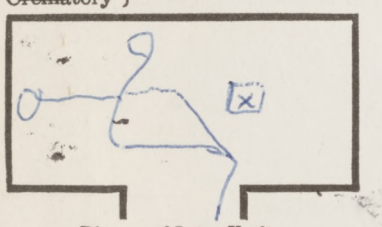

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Miscellaneous.....

8/28/54 statement

Complete Funeral (except outlays)	$
Casket	
Burial Vault ~~or Box~~ Steele (State Kind)	175 –
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	15
Suit or Dress (State Kind and Color)	13
Slippers, $ ..... Hose, $	5
Folding Chairs, $ ..... Tarpaulin, $	5
Candelabrum, $ ..... Candles, $	3 –
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	5 00
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)	
Pall Bearer Service, $ .... Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot Cem ~~eptup~~	5 00
Cremation	
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ .... of Temporary Vault, $	
Opening of Grave or Tomb	60 00
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $ ..... Singers, $ .... Organist, $	
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
....line Death Notices in ..... Papers	
Pasted (Names of Newspapers)	3 6
Sales Tax on Vault	5 25
Total Footing of Bill	$ 253 86
Less	$
Balance	$
Entered into Ledger, page ..... or below.	

Miscellaneous.....

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$	Sept 7, 1954	By Payment	$ 253 86	$
	" "	$	$		"	$	$
	" "	$	$		"	$	$
	" "	$	$		"	$	$
	" "	$	$		"	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within .....days from date. Interest to accrue from maturity at the rate of .....% per annum.

Signed.....

Witness..... Address.....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. ..... Yearly No. ..... Date of Entry August 29 1954

Name of Deceased Robert W. Best W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Rt. 2 Bx 124 C Sonoma ☐Husband ☐Wife ☐Widow } Elizabeth A

or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Elizabeth Best

Address A/c Due

Order given by ..... (or informant)

How Secured .....

If Veteran, Name of War No

Occupation Ret. Service Man No. (Social Security Number)

Employer and Address S.F. City

Date of Death Aug 29, 1954 12:25 P. (Mo.) (Day) (Yr.) (Hour)

Date of Birth April 18 1874 Age 80 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev. Ralph Richardson Sonoma (Address)

Religion of the Deceased Prot.

Birthplace Calif.

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death District Hospital

Cause of Death Uremia

Contributory Causes Prostate Hypertrophy

.....

Certifying Physician Robt. L. Mollenhauer M.D. (or Coroner)

His Address Sonoma

Name of Father John T. Best

His Birthplace Mass.

Maiden Name of Mother Kate Read

Her Birthplace S.F. Calif

Date of Funeral Aug 31 Tue 2 P.M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

Size of Casket Grey H.P. (State Color and Number)

Manufactured by Golden State C. Co.

Cemetery / Crematory } Chapel of the Chimes S.R.

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Diagram of Lot or Vault

Miscellaneous .....

.....

9-15-54 statement

Complete Funeral (except outlays)	$ 360	-
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		18 -
Dressing Body, $ ..... Underwear, $		3 10
Suit or Dress (State Kind and Color)		5 -
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit		
Certif. Copies of Death Certificates No. (State Number and District)		
Pall Bearer Service, $ .... Use of Chapel, $ (State Physician's or Coroner's)		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		45 -
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service Rev. Richardson		10 -
Organ - Marcucci		5 -
Newspaper Death Notices in ..... Papers		
Local		3 61
(Names of Newspapers) Examiner		5 50
Sales Tax		5 40
Total Footing of Bill	$ 434	51
Less 18.00 30 days	$ 18	
Balance	$ 416	51
Entered into Ledger, page ..... or below.		

Miscellaneous .....

.....

BEST—In Sonoma, Calif., August 29, Robert W. Best, dearly beloved husband of Mrs. Elizabeth A. Best of Sonoma, beloved father of Mrs. Grace Cramer of Scranton, Penn., and Robert W. Best of Whitney, Nevada; a native of San Francisco, aged 80 years. Friends are invited to attend the funeral services Tuesday, August 31, at 2 p. m. at the Chapel of Bates & Evans, Sonoma. Inurnment, Chapel of the Chimes, Santa Rosa.

Date		Amount Paid		Balance		Date		Amount Paid		Balance	
	lance			$			To Balance Forward			$	
		$		$			By Payment	$		$	
		$		$			" "	$		$	
		$		$		Sept 28	In full	416	51	$	
	" "	$		$			" "	$		$	
	" "	$		$			" "	$		$	

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Revised by W. W. Feineman, Long Beach, California

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Sept 1 1954

Name of Deceased Helena May Northmore W.

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence 539 Tucker St. Santa Rosa. ☐Husband ☐Wife ☐Widow or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Joseph V. Northmore

Address Sebastopol

Order given by Above (or informant)

How Secured

If Veteran, Name of War No.

Occupation At home No. (Social Security Number)

Employer and Address

Date of Death Sept. 1, 1954 11:55 P (Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct. 4, 1866 Age 87 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev Schull Napa (Address)

Religion of the Deceased Prot.

Birthplace Montana

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma Co. Hospital

Cause of Death Bronchs-Pneumonia

Contributory Cause Senility & debility Malnutrition

Certifying Physician Dr. Fuge M.D. (or Coroner)

His Address Co. Hospital

Name of Father Unknown

His Birthplace

Maiden Name of Mother

Her Birthplace

Date of Funeral Sept 4, Sat. 2 P. M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to

Size of Casket Grey # 1 (State Color and Number)

Manufactured by Golden State Co.

Cemetery / ~~Crematory~~ } I.O.O.F. Cem. Santa Rosa

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	379 00
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		18 50 3 50
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		60
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Charges at Cem.		70 75
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service Rev Schull		15 00
Music - Dunbar - Maraccia		10 —
..... line Death Notices in ..... Papers		
Local (Names of Newspapers)		3 61
Democrat		5 00
Sales Tax		5 69
Total Footing of Bill	$	489 05
Less 18.95 - 30 days	$	18 95
Balance	$	470 10

Entered into Ledger, page ..... or below.

Miscellaneous

Sept 15, 1954 Statement Jos. V. Northmore Sebastopol

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
Sept 22, 1954	" Jud	$ 470 10	$
	"	$	$
	" "	$	$
	" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. ..... Yearly No. ..... Date of Entry Sept 13 1954

Name of Deceased Harry A. J. Dibble W.

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence 416 Carolina St. Vallejo ☐Husband ☐Wife ☐Widow } Nellie

Charge to Mrs. J. E. Howard or ..... of } Age of Husband or Wife (if living) ..... Years

Address P. O. Bx 482 Las Vegas, Nevada

Order given by ..... (or informant)

How Secured .....

If Veteran, Name of War No.

Occupation Ret. Farmer No. (Social Security Number)

Employer and Address .....

Date of Death Sept 13, 1954 11:30 A. (Mo.) (Day) (Yr.) (Hour)

Date of Birth June 21, 1867 Age 87 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev. Kenneth Epperley - Vallejo (Address)

Religion of the Deceased Prot.

Birthplace Beatrice, Nebraska

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death Solano Co. Hospital Fairfield

Cause of Death .....

Complete Funeral (except outlays) ..... $	458.	00
Casket		
Burial Vault or Box ..... (State Kind)	15	—
Embalming Body ..... (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress ..... (State Kind and Color)		29
Slippers, $ ..... Hose, $		15
Folding Chairs, $ ..... Tarpaulin, $		4 4
Candelabrum, $ ..... Candles, $		2 3
Door Spray, $ ..... Gloves, $		3 2
Funeral Car, $ ..... Ambulance, $		7.
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit ..... (State Number and District)	5	—
...sNo. ..... (or Coroner's)		
...apel, $		
..... $		
.....		
...tting, $		
...Vault, $	60	00
...vice, $		
.....		
...anist, $		
...rvice, $		
...ges		
.....		
...arges		
...by	10	—
...marcucci	10	—
...line Death Notices in ..... Papers		
..... No. Naturcucci's (Names of Newspapers)		
.....		
.....		
Sales Tax	7	32
Total Footing of Bill ..... $	553	32
Less 23.65 - 30 days ..... $	1	00
Balance ..... $	556	32
	23	65
Entered into Ledger, page ..... or below.	532	67

SAVE YOUR RECEIPTS No. .....

J. J. McDONALD MORTUARY
222 VIRGINIA ST.
TELEPHONE 3-4503

VALLEJO, CALIF. Sept. 13 1954

RECEIVED OF Bates - & Evans

Fifteen 00/100 DOLLARS $ 15 xx

ON FUNERAL ACCOUNT OF: Removal of Mr. Dibble

CHECK ✓
DRAFT
MONEY ORDER
CASH
JOUR. .....

J. J. McDONALD MORTUARY

BY J. J. McDonald Jr.

Manufactured by Sweet Casket Co.

Cemetery / Crematory } Mt. Cemetery Sonoma

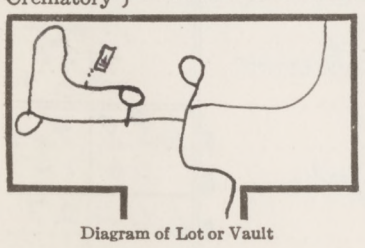

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

.....

.....

Date		Amount Paid	Balance	Date		Amount Paid	Balance
.....	To Above Balance	.....	$		To Balance Forward	.....	$ .....
.....	By Payment	$	$	.....	By Payment	$	$ .....
.....	" "	$	$	Sept 16, 1954	" full ...	$ 532	$ 67
.....	" "	$	$	.....	" "	$	$ .....
.....	" "	$	$	.....	" "	$	$ .....
.....	" "	$	$	.....	" "	$	$ .....

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Revised by W. W. Feineman, Long Beach, California

50

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Sept 1 1954

Name of Deceased Helena May Northmore W.

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence 539 Tucker St. Santa Rosa. ☐Husband ☐Wife ☐Widow or..... of } Age of Husband or Wife (if living)..... Years

Charge to Joseph V. Northmore

Address Sebastopol

Order given by Above (or informant)

How Secured:

If Veteran, Name of War No.

Occupation At home No. (Social Security Number)

Employer and Address

Date of Death Sept. 1, 1954 11:55 P (Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct. 4, 1866 Age 87 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev Schull Napa (Address)

Religion of the Deceased Prot

Birthplace Montana

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma Co. Hospital

Cause of Death Broncho-Pneum

Contributory Causes Senility & de

Malnutrition

Certifying Physician T. Fuqua M (or Coroner)

His Address Co. Hospital

Name of Father Unk

His Birthplace

Maiden Name of Mother

Her Birthplace

Date of Funeral Sept 4, Sat (Date) (Day of Week)

Motor / Ship } Remains to

Size of Casket Grey # C (State Color and Number)

Manufactured by Golden State Co.

Cemetery / Crematory } I. O. O. F. Cem. Santa Rosa

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$ 379	00
Casket		
Burial Vault or Box		
(State Kind)		
Embalming Body		
(Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		1.50 3.50
Dressing Body, $ ..... Underwear, $		
Suit or Dress		
(State Kind and Color)		
Slippers, $ ..... Hose, $		6.00
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Out of town Funeral		
Personal Service. Rev Schull	10	—
Music - Dunbar - Maracca		
line Death Notices in ..... Papers		
Local	3	61
(Names of Newspapers)		
Democrat	5	00
	5	69
Sales Tax		
Total Footing of Bill	$ 489	05
Less 18.95 - 30 days	$ 18	95
Balance	$ 470	10

Entered into Ledger, page ..... or below.

Miscellaneous

Sept 15, 1954 Statement Jos. V. Northmore Sebastopol

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$	Sept 21, 1954	By Payment	$ 470 18	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. ..... Yearly No. ..... Date of Entry Sept 13 1954

Name of Deceased Harry A. J. Dibble W.

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence 416 Carolina St. Vallejo ☐Husband ☐Wife ☐Widow of Nellie

Charge to Mrs. J. E. Howard Age of Husband or Wife (if living) ..... Years

Address P.O. Bx 482 Las Vegas, Nevada

Order given by ..... (or informant)

How Secured .....

If Veteran, Name of War No.

Occupation Ret. Farmer No. (Social Security Number)

Employer and Address .....

Date of Death Sept 13, 1954 11:30 A. (Mo.) (Day) (Yr.) (Hour)

Date of Birth June 21, 1867 Age 87 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev. Kenneth Epperley - Vallejo (Address)

Religion of the Deceased Prot.

Birthplace Beatrice, Nebraska

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death Solano Co. Hospital Fairfield

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician ..... (or Coroner)

His Address .....

Name of Father Richard Dibble

His Birthplace England

Maiden Name of Mother Johanna Johnston

Her Birthplace Norway

Date of Funeral Sept 16, 1954 10 A.M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

Size of Casket # Taupe (State Color and Number)

Manufactured by Sutter Casket Co.

Cemetery / Crematory } Mt. Cemetery Sonoma

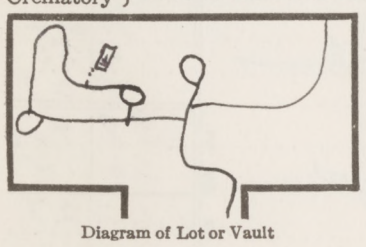

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

.....

.....

Complete Funeral (except outlays) ..... $	458.	00
Casket		
Burial Vault or Box ..... (State Kind)	15	—
Embalming Body ..... (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress ..... (State Kind and Color)		22 9 15
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		2 4 4
Candelabrum, $ ..... Candles, $		2 3
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		7 3 2
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit ..... (State Number and District)	5	—
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax ..... $		
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb	60	00
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service Rev. Epperley	10	—
Marcucci Jr. Attended	10	—
....line Death Notices in ..... Papers		
..... No. Natives ..... (Names of Newspapers)		
.....		
.....		
Sales Tax	7	32
Total Footing of Bill ..... $	555	32
Less 23.65 30 days ..... $	1	00
Balance ..... $	556	32
Entered into Ledger, page ..... or below.	23	65
	532	67

Miscellaneous .....

.....

Date		Amount Paid	Balance	Date		Amount Paid	Balance
.....	To Above Balance	.....	$		To Balance Forward	.....	$ .....
.....	By Payment	$	$		By Payment	$	$ .....
.....	" "	$	$	Sept 16, 1954	" full	$ 532.	$ 67
.....	" "	$	$		" "	$	$ .....
.....	" "	$	$		" "	$	$ .....
.....	" "	$	$		" "	$	$ .....

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Revised by W. W. Feineman, Long Beach, California

52

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Sept 15 1954

Name of Deceased Anna Tracy W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: 109 Boyes Blvd - Boyes Springs ☐ Husband ☐ Wife ☐ Widow of Herbert E.

Charge to Mrs. Irene McDevitt Age of Husband or Wife (if living)..... Years

Address 756 - 38th St. Richmond

Order given by Lt. Deacon Caly (or informant)
3-3052

How Secured.....

If Veteran, Name of War No

Occupation At home No. (Social Security Number)

Employer and Address.....

Date of Death Sept 15, 1954 (Mo.) (Day) (Yr.) (Hour)

Date of Birth April 15, 1873 Age 81 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev. Kenneth Epperly Vallejo (Address)

Religion of the Deceased Prot.

Birthplace Bolinas, Caly

Resided in the State Life (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma Co. Hospital

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician Vernon Silvershield (or Coroner)

His Address Santa Rosa, Caly

Name of Father August Michaelis

His Birthplace Germany

Maiden Name of Mother Anna Miller

Her Birthplace Germany

Date of Funeral Sept 18 - Saturday 9:30 A.M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to.....

Size of Casket Cutter 2 Ch. (State Color and Number)

Manufactured by Sutter Casket Co.

Cemetery / Crematory } Catholic Cemetery, Sonoma

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Miscellaneous.....

9-20-54 Statement

Complete Funeral (except outlays)	$	508
Casket 2		
Burial Vault or Box (State Kind)		125
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		25
Slippers, $..... Hose, $		2
Folding Chairs, $..... Tarpaulin, $		9
Candelabrum, $..... Candles, $		2
Door Spray, $..... Gloves, $		3
Funeral Car, $..... Ambulance, $		7
Limousines to Cemetery ..... @ $		8
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot 2 Graves @ 50		100
Cremation unemprozed		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $..... of Temporary Vault, $		
Opening of Grave or Tomb		2500
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $..... Organist, $		
Railroad / or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service Mass		15 00
....line Death Notices in ..... Papers		
..... Local (Names of Newspapers)		3 61
..... Examiner		9 24
..... San Mateo Times		4 50
Sales Tax		8 07
Total Footing of Bill	$	688 42
Less 26 15 - 30 days	$	26 15
Balance	$	662 27
Entered into Ledger, page ..... or below.		

Miscellaneous.....

TRACY—In Santa Rosa, Calif., September 15, 1954, Anna Maria Tracy, dearly beloved wife of Herbert E. Tracy of Boyes Hot Springs, beloved mother of Mrs. Irene McDevitt of Richmond, Herbert Tracy of Alhambra, Albert W. Tracy of Arcadia, Alan D. Tracy of Sacramento, Mrs. Marjorie Batterton and Norman E. Tracy of San Mateo and the late Helen Miller; a native of California, aged 81 years.

Friends are invited to attend the funeral services Saturday, September 18, at 9 a. m. from the Chapel of Bates & Evans, Sonoma, thence to St. Francis Church where a Requiem Mass will be offered for the repose of her soul commencing at 9:30 a. m. Interment Catholic Cemetery, Sonoma. Rosary will be recited Friday evening at 8 o'clock at the Bates & Evans Chapel.

AT REST

TRACY—Santa Rosa, California, September 15th: ANNA MARIA TRACY, dearly beloved wife of Herbert E. Tracy of Boyes Hot Springs, beloved mother of Mrs. Irene McDevitt of Richmond, Herbert Tracy of Alhambra, Albert W. Tracy of Arcadia, Alan D. Tracy of Sacramento, Mrs. Marjory Batterton and Norman E. Tracy of San Mateo and the late Helen Miller. A native of California. Age 81.

Funeral services were held Saturday, September 18th at 9 a. m. from the Chapel of Bates and Evans, Sonoma. Thence to St. Francis Church where a Requiem Mass was offered for the repose of her soul, commencing at 9:30 a. m.

Interment in Catholic Cemetery, Sonoma.

Balance		Date			Amount Paid		Balance	
				To Balance Forward			$	
				By Payment	$		$	
		Sept. 15	54	"	$ 662	27	$	
				"	$		$	
				"	$		$	
				"	$		$	

Insurance $..... Insurance Companies.....

I hereby authorize the above Fun... I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, ...ee to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....

Vallejo Mort chg. for 3 75

Witness..... Signed.....

Address.....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Sept. 18 1954

Name of Deceased Annie Elizabeth Genter W.

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence 721 - 2nd St. East Sonoma ☐Husband ☐Wife ☐Widow of Irwin

Charge to Laurence Tate or ..... Age of Husband or Wife (if living) ..... Years

Address Bx 899 Sonoma

Order given by ..... (or informant)

How Secured .....

If Veteran, Name of War no

Occupation At Home no (Social Security Number)

Employer and Address .....

Date of Death Sept 18, 1954 - 4:05 P. (Mo.) (Day) (Yr.) (Hour)

Date of Birth July 6, 1867 Age 87 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev. Ernest Merrill Sonoma (Address)

Religion of the Deceased Prot

Birthplace Lancy, Italy

Resided in the State Life (or U. S. or City or County) (Years) (Months)

Place of Death District Hospital

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician Robert L. Mollenhauer MD (or Coroner)

His Address Sonoma, Calif

Name of Father Frank Tate

His Birthplace Ireland

Maiden Name of Mother Annie Penrice

Her Birthplace England

Date of Funeral Sept 21, Tue - 10 A. M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

Size of Casket Golden State Gaberdine ½ Ch (State Color and Number)

Manufactured by Golden State Casket Co.

Cemetery / Crematory } Cypress Hill Cem. Petaluma

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Miscellaneous.....

10-15-54 Filed with August

10-8-54 Statement

482 Less Box 15%		
Complete Funeral (except outlays)	$	467 00
Casket		
Burial Vault or Box no box used (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress 23350 3 (State Kind and Color)		7.00 5
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to ~~R. R.~~ Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
~~Deliver~~ Flowers ~~to~~ for Casket		25 75
Removal Charges		
Procuring Burial Permit (State Number and District)		
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Cypress Hill Cemetery		55 75
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced Ken Marrell		10 -
Out of town Funeral Director's Charges		
Personal Service Music - Dunbar Fragnera		10 -
Oakland Tribune		4 00
Oregonian		4 00
line Death Notices in ..... Papers		
Local		3 61
(Names of Newspapers) Examiner		5 64
Chronicle		5 40
Sales Tax		7 01
Total Footing of Bill	$	606 16
Less 2.3.35 - 30 days	$	23 35
Balance	$	582 81

Entered into Ledger, page ..... or below.

Miscellaneous.....

GENTER—In Sonoma, Calif., Sept. 18, 1954, Annie Elizabeth Genter, sister of the late James Tate, beloved aunt of Laurence Tate of Sonoma, Mrs. J. M. O'Neill of Oakland and Moser Tate of Watsonville, also leaves nieces and nephews in Oregon; a native of California, aged 87 years.
Private services Tuesday, Sept. 21, at 10 a. m. at the Chapel of Bates & Evans, Sonoma, Calif. Interment, Cypress Hill Cemetery, Petaluma.

Date			Amount Paid		Balance		Date		Amount Paid		Balance	
		e Balance			$			To Balance Forward			$	
		ment	$		$			By Payment	$		$	
			$		$		Oct 22, 1954	"	$582	81	$	
		" "	$		$			" Jo Tull	$		$	
		" "	$		$			" "	$		$	
		" "	$		$			" "	$		$	

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Revised by W. W. Feineman, Long Beach, California

54

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Sept 23 1954

Name of Deceased Annie C. Shulsen White
(What Race)

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 14 De Chene Ave Boyes Hot Spgs ☐ Husband ☐ Wife ☐ Widow of John W.

Charge to John William Shulsen Age of Husband or Wife (if living)..... Years

Address Abode P.O. Bx 547 Boyes Springs

Order given by (or informant)

How Secured

If Veteran, Name of War no

Occupation At home no. (Social Security Number)

Employer and Address

Date of Death Sept 22 1954 1:40 P. (Mo.) (Day) (Yr.) (Hour)

Date of Birth Mar 6 1891 Age 61 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at W. C. Lasswell & Co. Daly City (Address)

Clergyman

Religion of the Deceased L. D. S. Mormon

Birthplace Scotland

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death District Hospital

Cause of Death

Contributory Causes

Certifying Physician Wm J. Newman M.D. (or Coroner)

His Address Sonoma, Caly

Name of Father Dugald Cameron

His Birthplace Scotland

Maiden Name of Mother Margaret Whitelaw

Her Birthplace Scotland

Date of Funeral Lasswell & Co Daly City M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to

Size of Casket Metal 1/2 ch (State Color and Number)

Manufactured by Santa Clara Casket Co.

Cemetery / Crematory } Daly City, Caly

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Casket (Funeral services & Del to Complete Funeral (except outlays) Daly City. $	540 —
Casket	
Burial Vault or Box (State Kind)	
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	2.70
Dressing Body, $ ..... Underwear, $	3.10
Suit or Dress (State Kind and Color)	8.10
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
___ Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	
Pall Bearer Service, $ .... Use of Chapel, $	
Gross Total for Sales Tax $	
Outlay for Lot	
Cremation	
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ .... of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $ ..... Singers, $ .... Organist, $	
Railroad / Motor } Tickets, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
.... line Death Notices in ..... Papers (Names of Newspapers)	
Sales Tax	8.10
Total Footing of Bill $	548.10
Less 27.00 - 30 days 2 c/c $	2.00
Balance $	550.10
Entered into Ledger, page ..... or below.	27
Miscellaneous	523.10

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$	Oct 5, 54	By Payment In full	$ 523 10	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness.....

Address.....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Oct 1, 1954

Name of Deceased Nancy L. Dickeson W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Thompson Ave Boyes H. Springs ☐Husband ☐Wife ☐Widow of

Charge to Charles H. Dickeson

Address P.O. Bx 601 B. Boyes Springs

Order given by..... (or informant)

How Secured.....

If Veteran, Name of War No

Occupation Beautician 571-42-1194 (Social Security Number)

Employer and Address Fowder Box

Date of Death Oct. 1, 1954 11:45 a (Mo.) (Day) (Yr.) (Hour)

Date of Birth Dec 29, 1934 Age 19 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Mark B. Shaw Mortuary San Bernardino Cal

Clergyman..... (Address)

Religion of the Deceased Prot

Birthplace Cal

Resided in the State Life (or U. S. or City or County) (Years) (Months)

Place of Death enroute to hospital

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician Vernon Silvernheld (or Coroner)

His Address Santa Rosa, Cal

Name of Father Laurence P. Doyle

His Birthplace Connecticut

Maiden Name of Mother Esther A. Severt

Her Birthplace New York

Date of Funeral Oct. 5 - Due - ? M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to.....

Size of Casket Grey 6 Ch. (State Color and Number)

Manufactured by Golden State C. Co

Cemetery / Crematory } San Bernardino, Cal

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Miscellaneous.....

P.O. Bx 987 -

Big Bear Lake, Cal

Complete Funeral (except outlays)	$ 379	-
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $..... Hose, $		18 95 0 3
Folding Chairs, $..... Tarpaulin, $		568 50
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges Fares to San Bernardino		41 78
Clergyman, $..... Singers, $..... Organist, $		
Railroad / or Motor } Tickets, $..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
.....line Death Notices in..... Papers		
(Names of Newspapers)		
Sales Tax		5, 69
Total Footing of Bill	$ 426	47
Less 18.95 - 30 days	$	
Balance	$	

Entered into Ledger, page.....or below.

Miscellaneous.....

Date		Amount Paid	Balance	Date		Amount Paid	Balance
12-11-54	statement To Above Balance	$	$		To Balance Forward	$	$
1-3-55	By Payment	$	$		By Payment	$	$
	" "	$	$	Oct 2 54	" "	$ 41 78	$
	" "	$	$	Jan 5, 55	" "	$ 384 69	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Revised by W. W. Feineman, Long Beach, California

56

RECORD OF FUNERAL

Total No. ..... Yearly No. ..... Date of Entry Oct 1 19 54

Name of Deceased Elmer G. Hoover (What Race) White

☐ Married ☐ Single ☐ Widowed ☒ Divorced

Residence 175 W. Sonoma Ave. El Verano ☐Husband ☐Wife ☐Widow of Olga

Charge to Arthur R. Oberle Age of Husband or Wife (if living) ..... Years

Address 1020 Solano Ave. El Verano

Order given by ..... (or informant)

How Secured .....

If Veteran, Name of War No.

Occupation Ret. Carpenter 305-05-9073 (Social Security Number)

Employer and Address Ret.

Date of Death Oct. 1, 1954 (Mo.) (Day) (Yr.) 4:30 P (Hour)

Date of Birth July 19, 1872 (Mo.) (Day) (Yr.) Age 82 (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev. Marrill Sonoma (Address)

Religion of the Deceased Prot.

Birthplace Indiana

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death Gun Shot Wound

Contributory Causes .....

.....

Certifying Physician Vernon Hilyerhelds (or Coroner)

His Address Santa Rosa, Calif.

Name of Father John Hoover

His Birthplace .....

Maiden Name of Mother Ann

Her Birthplace .....

Date of Funeral Oct 4, (Date) Monday (Day of Week) 2 P.M. (Hour)

Motor / Ship } Remains to .....

Size of Casket Sutter Casket Co. (State Color and Number)

Manufactured by Sutter Casket Co.

~~Cemetery~~ / Crematory } Chapel of the Chimes P.R.

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

.....

11-29-54 Filed With Dist. Pagello

Complete Funeral (except outlays) $	473	—
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		2 36 50 3
Slippers, $ ..... Hose, $		7 09 50
Folding Chairs, $ ..... Tarpaulin, $		7 ...
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax $		
Outlay for Lot		
Cremation	45	00
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service. Rev. Marrill	10	00
Music - Marenecki - Dunbar	10	—
....line Death Notices in ..... Papers		
~~Press Democrat~~ (Names of Newspapers)	~~5~~	~~00~~
..... Local	3	61
.....		
Sales Tax	7	10
Total Footing of Bill $	548	71
Less 13 65 - 30 days $		
Balance $		

Entered into Ledger, page .....or below.

Miscellaneous .....

Date		Amount Paid	Balance
	To Above Balance		
	By Payment		
	" "		
	" "		
	" "		
	" "		

Date		Amount Paid	Balance
	To Balance Forward		
	By Payment		
Feb 23, 55	" In full	548 71	
	" "		
	" "		
	" "		

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Oct. 2 1954

Name of Deceased Arthur Lewis Jordan W.
☒ Married ☐ Single ☐ Widowed ☒ Divorced (What Race)

Residence 882 - 2nd St. East Sonoma ☐ Husband ☐ Wife ☐ Widow } Alice
or..... of } Age of Husband or Wife (if living)..... Years

Charge to Mrs. Alice Jordan

Address above

Order given by..... (or informant)

How Secured.....

If Veteran, Name of War No.

Occupation Ret. Police Officer - No. (Social Security Number)

Employer and Address.....

Date of Death Oct. 2, 1954 9:30 A. (Mo.) (Day) (Yr.) (Hour)

Date of Birth June 21, 1887 Age 67 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev. Morrill Sonoma (Address)

Religion of the Deceased Prot.

Birthplace Golden Dale, Washington

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death District Hospital

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician Robert L. Mollenhauer M.D. (or Coroner)

His Address Sonoma, Calif.

Name of Father Emery Otis Jordan

His Birthplace.....

Maiden Name of Mother Sarah Ellen

Her Birthplace.....

Date of Funeral Oct. 5, Tue. 10 A. M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to.....

Size of Casket Sutter Casket - (State Color and Number)

Manufactured by Sutter Casket Co.

Cemetery / ~~Crematory~~ } I.O.O.F. Cem. Santa Rosa

Diagram of Lot or Vault

Lot No.....
Grave No.....
Section No.....
Block No.....
Owner.....

Miscellaneous.....

.....

10-9-54 statement

Complete Funeral (except outlays)	$ 473	—
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		23 50 3
Suit or Dress (State Kind and Color)		
Slippers, $..... Hose, $		7 09 50
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $		
Railroad / or Motor } Tickets, $..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service Rev. Morrill		10 —
music - Marcucci Jr. Dunbar		10 —
....line Death Notices in ..... Papers		
Press Democrat (Names of Newspapers)		5 00
Sales Tax		7 10
Total Footing of Bill	$	505 10
Less 23.65 - 30 days	$	23 65
Balance	$	481 45
Entered into Ledger, page.....or below.		

Miscellaneous.....

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$	Oct. 9, 1954	By Payment	$ 481 45	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Revised by W. W. Feineman, Long Beach, California

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Oct 3 1954

Name of Deceased Herbert E. Tracy White

☐ Married ☐ Single ☐ Widowed ☒ Divorced (What Race)

Residence 109 Boyes Blvd Boyes Springs ☐Husband ☐Wife ☐Widow of ..... Anna Maria

Charge to Mrs. Irene McDevitt Age of Husband or Wife (if living)..... Years

Address 156 - 38th St. Richmond 2, Calif

Order given by above (or informant)

How Secured

If Veteran, Name of War no

Occupation Farmer Ret. no (Social Security Number)

Employer and Address

Date of Death Oct. 3, 1954 8:20 P. (Mo.) (Day) (Yr.) (Hour)

Date of Birth Mar. 31, 1872 Age 82 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev. Richardson Sonoma (Address)

Religion of the Deceased Prot.

Birthplace New York State

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Imola - Napa State Hospital

Cause of Death Terminal Broncho-pneumonia

Contributory Causes Generalized Arteriosclerosis

Certifying Physician Eunice D. H. Waters M.D. (or Coroner)

His Address Napa State Hospital

Name of Father Norman Tracy

His Birthplace New York

Maiden Name of Mother Steenberg

Her Birthplace Holland

Date of Funeral Oct. 6 Wed 10:30 A.M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to

Size of Casket Taupe (State Color and Number)

Manufactured by Cutler Casket Co.

Cemetery / Crematory } R. C. Catholic Cemetery Sonoma

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

10-8-54 statement

Complete Funeral (except outlays)	$ 458	-
Casket		
Burial Vault or Box (State Kind)	15	-
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		22 9 / 15
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		4
Funeral Car, $ ..... Ambulance, $		2 3
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		3 2
Autos to R. R. Station ..... @ $		7
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb	25	00
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service Rev. Richardson	10	00
Organ - Marcucci Jr.	5	00
Line Death Notices in ..... Papers Posted	3	61
Examiner - 2 days	12	60
(Names of Newspapers) Valley Herald	3	75
San Mateo Times	4	50
Sales Tax	1	32
Total Footing of Bill	$ 544	78
Less 23.65 - 30 days	$ 23	65
Balance	$ 521	13

Entered into Ledger, page ..... or below.

Miscellaneous

TRACY—In Sonoma, Calif., October 3, 1954, Herbert E. Tracy, husband of the late Anna Maria Tracy, beloved father of Mrs. Irene McDevitt of Richmond, Herbert Tracy of Alhambra, Albert W. Tracy of Arcadia, Alan D. Tracy of Sacramento, Mrs. Marjorie Batterton and Norman E. Tracy of San Mateo and the late Helen Miller; a native of New York; aged 82 years.

Friends are invited to attend the funeral services Wednesday, Oct. 6, at 10:30 a. m. at the Chapel of Bates and Evans, Sonoma, Calif. Interment, Catholic Cemetery, Sonoma.

		Amount Paid		Balance		Date		Amount Paid		Balance	
ance				$			To Balance Forward			$	
				$			By Payment	$		$	
				$			" " Cash	$ 521	13	$	
	" "			$		Oct. 14, 1954	" "			$	
	" "			$			By Irene McDevitt			$	
	" "			$			" "			$	

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Oct 10 1954

Name of Deceased David Wayne Knolle (What Race) W.

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence Vineburg, Calif

☐ Husband ☐ Wife ☐ Widow } or ..... of } Age of Husband or Wife (if living)..... Years

Charge to George K Knolle

Address Abbas Gen Del Sonoma

Order given by..... (or informant)

How Secured.....

If Veteran, Name of War No.

Occupation None — no (Social Security Number)

Employer and Address.....

Date of Death Oct 10, 1954 — 6:20 P.M. (Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct 5, 1954 Age 5 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at no service —

Clergyman None — (Address)

Religion of the Deceased.....

Birthplace Calif

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death District Hospital

Cause of Death Paralytic ileus

Contributory Causes Pneumonitis

fetal Atelectasis

Certifying Physician May K. Menderhall M.D. (or Coroner)

His Address Sonoma, Calif

Name of Father George Knolle

His Birthplace Calif —

Maiden Name of Mother Lilly Steiger

Her Birthplace Calif Isaac Chapel

Date of Funeral Oct 12 Tue — 9:30 A.M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to.....

Size of Casket 2/0 — Made by E.V.C. (State Color and Number)

Manufactured by.....

~~Cemetery~~ / Crematory } Chapel of the Chimes S.R.

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Miscellaneous.....

Complete Funeral (except outlays) Casket, services etc	$	25.00
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		12.50
Slippers, $..... Hose, $		3
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		37.50
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $..... Use of Chapel, $		
Gross Total for Sales Tax	$	
~~Outlay for Lot~~ Babyland		12.50
Cremation		10.00
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $..... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $..... Organist, $		
Railroad / Motor } Tickets, $..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
....line Death Notices in..... Papers		
(Names of Newspapers)		
Sales Tax		38
Total Footing of Bill	$	$47.95
Less	$	
Balance	$	
Entered into Ledger, page.....or below.		
Miscellaneous		

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$	Oct 12, 54	By Payment In full	$47.95	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Revised by W. W. Feineman, Long Beach, California

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RECORD OF FUNERAL

Total No..... Yearly No.....1..... Date of Entry Oct. 13 1954

Name of Deceased Mabel Ethel Schneider W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 14 Orchard St. Boyes Hot Springs ☐Husband ☐Wife ☐Widow of Otto

Charge to Otto Schneider

Address Arbarae

Order given by

How Secured (or informant) Agreed to pay 12.50 per mo. about the 7th and 18th of mo.

If Veteran, Name of War

Occupation Housewife No. (Social Security Number)

Employer and Address

Date of Death Oct 13, 1954 10:55 P. (Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct 7, 1884 Age 70 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman D. Bruce Coleman El Verano (Address)

Religion of the Deceased Prot.

Birthplace San Jose, Cal.

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address Sonoma, Caly

Name of Father Adolph

His Birthplace Germany

Maiden Name of Mother

Her Birthplace

Date of Funeral Oct. 16 Sat. 2 P. M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to

Size of Casket Grey & ch. (State Color and Number)

Manufactured by Golden Gate Casket Co.

Cemetery / Crematory } Valley Cem. Sonoma, Caly

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

11-9-54 statement

1-3-55

Complete Funeral (except outlays)	$ 364 —
Casket	
Burial Vault or Box (State Kind)	15 —
Embalming Body (Name of Embalmer)	
Barber, $ Hair Dressing, $	
Dressing Body, $ Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ Hose, $	
Folding Chairs, $ Tarpaulin, $	18 —
Candelabrum, $ Candles, $	15
Door Spray, $ Gloves, $	1 97
Funeral Car, $ Ambulance, $	1 13
Limousines to Cemetery @ $	
Extra Limousines @ $	5 91
Autos to R. R. Station @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
~~Deliver~~ Flowers ~~to~~ for Casket	12 86
Removal Charges ~~1.~~ ~~Lot~~	
Procuring Burial Permit	
___Certif. Copies of Death Certificates No. (State Number and District) (State Physician's or Coroner's)	
Pall Bearer Service, $ Use of Chapel, $	
Gross Total for Sales Tax $ 50	
Outlay for Lot 2 Posts @ 2.50	5 00
Cremation	
Flowers, $ Palms, $ Matting, $	
Rental of Tent, $ of Temporary Vault, $	
Opening of Grave or Tomb	25 00
Lining Grave, $ Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $ Singers, $ Organist, $	
Railroad / Motor } Tickets, $ Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service Rev. Coleman	10 —
Organ — marcuee	5 —
line Death Notices in Papers	
Local notice (Names of Newspapers)	3. 61
Sales Tax	5 77
Total Footing of Bill	$ 446 44
Less 18.95 — 30 days	$ 231
Balance	$ 215 44

Entered into Ledger, page .....or below.

Miscellaneous

Date		Amount Paid	Balance
Aug 3 55	To Above Balance	15 00	$ 246 —
Nov 7, 1955	By Payment	$ 15 —	$ 231
Dec 7, 1955	"	$ 15 —	$ 216
January 6, 1956	"	$ 15 —	$ 201
Feb 9, 1956	"	$ 15 —	$ 186 —
March 8, 1956	"	$ 15 —	$ 171 —
April 6 56	Names of Insurance $	15 —	156 —
May 5 56	Lodges	15 —	141 —
June 8 56		15 —	126 —
July 5		15 —	111 —
Aug 6		15 —	96
Sept 7		15 —	81 —
Oct 12		15	66 —
Nov 21		15	51 —

Date		Amount Paid	Balance
	To Balance Forward		$
Nov 13, 54	By Payment	$ 67 —	$
Jan 11, 1955	" on acct.	$ 12 50	$
Feb 3 1955	" " "	$ 12 50	$
March 3, 55	" " "	$ 12 50	$
April 3, 55	" " "	$ 12 50	$
May 5 55	Insurance " "	12.50	
May 30-55	Companies	13.00	
July 5, 1955	on acct	12.94	
Sept 8, 1955	" "	15 00	
Oct 3 55	" "	15	
	Address 55		

Dec 31, 1957 — 15 00 — 36 29

Jan 31, 1958 — 15 00 — 21 00

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to (Firm Name of Funeral Directors.) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed

Witness

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Oct. 20 19 54

Name of Deceased Charles L. Hopkins (What Race) W.

☐ Married ☐ Single ☐ Widowed ☒ Divorced

Residence P.O. Bx. 483 Sonoma ☐Husband ☐Wife ☐Widow of ..... of ..... Age of Husband or Wife (if living)..... Years

Charge to Bruce Hopkins

Address 14638 Berry Way Los Gatos

Order given by..... (or informant)

How Secured.....

If Veteran, Name of War yes WWI

Occupation Fireman (Social Security Number) unk

Employer and Address Sonoma State Hospital

Date of Death Oct. 20, 1954 (Mo.) (Day) (Yr.) 2 P. (Hour)

Date of Birth Jan. 11, 1899 (Mo.) (Day) (Yr.) Age 55 (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev. Harrell V.F.W. Sonoma (Address)

Religion of the Deceased Prot.

Birthplace Hunnewell, Missouri

Resided in the State..... (or U.S. or City or County) (Years) (Months)

Place of Death Veterans Hospital - Oakland

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician Milton Jay Smith M.D. (or Coroner)

His Address Veterans Hospital Oakland

Name of Father John Hopkins

His Birthplace Missouri

Maiden Name of Mother Susan E. Rhoades

Her Birthplace Missouri

Date of Funeral Oct. 23 (Date) Sat. (Day of Week) 2 P. (Hour) M.

Motor / Ship } Remains to.....

Size of Casket Sold in Oakland Gov't Contract (State Color and Number)

Manufactured by.....

Cemetery / Crematory } I.O.O.F. Cem. Santa Rosa

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Miscellaneous.....

.....

10-23-54 Statement

Services, Chapel, Cars etc Complete Funeral (except outlays)	$	75 -
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot 10 extra for Sat		170 75
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $..... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $..... Organist, $		
Railroad / or Motor } Tickets, $..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service. Organ - Marenecci Jr.		5 00
Rev. Harrell -		10 00
....line Death Notices in..... Papers		
Local - (Names of Newspapers)		3 61
Sales Tax		
Total Footing of Bill	$	264 36
Less	$	
Balance	$	

Entered into Ledger, page.....or below.

Miscellaneous.....

.....

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$	Nov. 1, 54	" Full	$ 264 36	$
	" "	$	$		"	$	$
	" "	$	$		"	$	$
	" "	$	$		"	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Revised by W. W. Feineman, Long Beach, California

62

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Nov 9 1954

Name of Deceased Orin Avery Baldwin W

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 500 West Mendocino St Willits ☐ Husband ☐ Wife ☐ Widow of Mildred

Charge to Mrs Walter Parmeter sister Age of Husband or Wife (if living)..... Years

Address 19145 Robinson Rd Sonoma

Order given by..... (or informant)

How Secured.....

If Veteran, Name of War No

Occupation Electrician 559-03-2828 (Social Security Number)

Employer and Address Ukiah Lumber

Date of Death Nov 9 1954 - 4:17 P (Mo.) (Day) (Yr.) (Hour)

Date of Birth June 12 1901 Age 53 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev Richardson Sonoma (Address)

Religion of the Deceased Prot

Birthplace Cal

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death Mendocino Co Hospital

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician John A Rafferty MD (or Coroner)

His Address Mendocino Co Hospital

Name of Father Charles Baldwin

His Birthplace Calif

Maiden Name of Mother Cara Brady

Her Birthplace Calif

Date of Funeral Nov 12 Fri 2 P M (Date) (Day of Week) (Hour)

Motor / Ship } Remains to.....

Size of Casket Grey H P (State Color and Number)

Manufactured by U S State Casket Co

Cemetery / Crematory } Mt Cemetery Sonoma

1st Plat North of Sarnocchi Lot

Grave No.

Section No.

Block No.

Owner

Diagram of Lot or Vault

Miscellaneous.....

4-29-55 Statement

11-29-54 Statement

Complete Funeral (except outlays)	$ 345	—
Casket		
Burial Vault or Box (State Kind)	15	—
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		17.50
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		15
Candelabrum, $..... Candles, $		18.75
Door Spray, $..... Gloves, $		3
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		6.25
Extra Limousines ..... @ $		6
Autos to R. R. Station ..... @ $		5
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)	5	—
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot 4 post	10	00
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb	60	—
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $		
Railroad / or Motor } Tickets, $..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced Zimmerman Mortuary	45	00
Out of town Funeral Director's Charges		
Personal Service Rev Richardson	10	—
....line Death Notices in ....Papers		
Sacramento Bee (Names of Newspapers)	5	85
Sales Tax	5	63
Total Footing of Bill	$ 501	48
Less 18 00 30 days	$	
Balance	$	
Entered into Ledger, page .....or below.		

Miscellaneous.....

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$		By Payment	$	$
	" "	$	$	Jan 11 1955 on acct	" "	$ 275 00	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Nov. 15 1954

Name of Deceased Dorotha K. Waldrup W.
(What Race)

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence H. Corners Bdway. ☐Husband ☐Wife ☐Widow } Eugene
or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to James L. Blakeley

Address Rt. 2 Box 244 Sonoma

Order given by .....
(or informant)

How Secured .....

If Veteran, Name of War No.

Occupation At home No.

Complete Funeral (except outlays)	$	364 —
Casket		125
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress		

Form No. 1
(Funeral Director's Copy)

OFFICE OF
SONOMA COUNTY CORONER
SANTA ROSA, CALIF.

The undersigned Physician and Surgeon duly licensed to practice medicine in the State of California, deposes and says: That he treated Katherine Waldrup for ..... days; that said party died on the 15th. day of Nov., 1954, the cause of death being unknown to the undersigned physician and the undersigned physician hereby requests the Coroner to perform an autopsy upon said Katherine Waldrup deceased, in order to determine and ascertain the cause of death.

Dated: 11-15-54

Raymond B. Turner M.D.
Physician and Surgeon.

CR 1-250 Sets-6-49

Manufactured by Golden State Casket Co. (State Color and Number)

Cemetery / Crematory } Valley Cemetery Sonoma

Diagram of Lot or Vault

Lot No. .....
Grave No. .....
Section No. .....
Block No. .....
Owner .....

Miscellaneous .....

Took statement .....

Organ - Marcuse Jr.		5 00
line Death Notices in ..... Papers		
Local Posted (Names of Newspapers)		3 61
Sales Tax		5 91
Total Footing of Bill	$	438 52
Less Lesson Post	$	2 50
Balance	$	436 02

Entered into Ledger, page ..... or below.

Miscellaneous .....

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$	Nov. 16 1954	By Payment	$225 —	$
	" "	$	$		" On account	$116	$
	" "	$	$	Mar 2, 1955	" "	$	$
	" "	$	$	May 6, 55	" "	$25 —	$
	" "	$	$	Sept 21, 55	" "	$20	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

May 26-56 10-
Sept 15-56 24 02

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Witness .....

Signed .....

Address .....

Revised by W. W. Feineman, Long Beach, California

62

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Nov 9 1954

Name of Deceased Orin Avery Baldwin W

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 500 West Mendocino St Willits ☐Husband ☐Wife ☐Widow of Mildred

Charge to Mrs. Walter Parmeter sister Age of Husband or Wife (if living)..... Years

Address 19145 Robinson Rd. Sonoma

Order given by..... (or informant)

How Secured.....

If Veteran, Name of War No.

Occupation Electrician X 559-03-2828

Employer and Address Wk

Date of Death Nov. 9, (Mo.)

Date of Birth June 12, (Mo.) (Da

Services at Chapel

Clergyman Rev. Rue

Religion of the Deceased C

Birthplace Caly

Resided in the State..... (or U.

Place of Death Mendoc

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician Joh

His Address Mendocin

Name of Father Charle

His Birthplace Caly

Maiden Name of Mother

Her Birthplace Caly

Date of Funeral Nov 1 (Date)

Motor / Ship } Remains to.....

Size of Casket Grey

Manufactured by G. Slate Casket Co

Cemetery / Crematory } Mt. Cemetery Sonoma

1st Plat North of Tarnocchi

Diagram of Lot or Vault

Lot.....

Grave No.....

Section No.....

Block No.....

Owner.....

Miscellaneous.....

4-29-55 Statement

11-29-54 Statement

Complete Funeral (except outlays)	$	345 —
Casket		
Burial Vault or Box		15 —
Embalming Body (State Kind)		
Barber, $..... Hair Dressing, $..... (Name of Embalmer)		
Dressing Body, $..... Underwear, $.....		
Suit or Dress		
Ken Richardson		10 —
line Death Notices in Papers		
Sacramento Bee (Names of Newspapers)		5 85
Sales Tax		5 63
Total Footing of Bill	$	501. 48
Less 18 30 days	$	
Balance	$	

Entered into Ledger, page.....or below.

Miscellaneous.....

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance				To Balance Forward		
	By Payment				By Payment		
	" "			Jan 11, 1955	on acct	275-00	
	" "				" "		
	" "				" "		
	" "				" "		

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Nov. 15 1954

Name of Deceased Dorotha K. Waldrup W. (What Race)

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 4 Corners Broadway

☐Husband ☐Wife ☐Widow } Eugene
or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to James L. B Kladycke

Address Rt. 2 Box 244 Sonoma

Order given by ..... (or informant)

How Secured .....

If Veteran, Name of War No.

Occupation At home No. (Social Security Number)

Employer and Address .....

Date of Death Nov. 15 1954 — (Mo.) (Day) (Yr.) (Hour)

Date of Birth July 9 1884 Age 70 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman James A. Brown Sonoma (Address)

Religion of the Deceased Protestant

Birthplace Little Rock, Arkansas

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma Co. Hospital

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician Vernon Silversheld, Coroner (or Coroner)

Address Santa Rosa

Name of Father ? Stewart

Birthplace .....

Maiden Name of Mother Mary E. Priest

Birthplace Unknown

Date of Funeral Nov. 17 Wed. 1:00 P.M. (Date) (Day of Week) (Hour)

From } Remains to .....

Style of Casket Grey 2 ch. (State Color and Number)

Manufactured by Golden State Casket Co.

Cemetery / Crematory } Valley Cemetery Sonoma

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

Took statement

Complete Funeral (except outlays)	$	364 —
Casket		
Burial Vault or Box (State Kind)		125
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		18 2
Folding Chairs, $ ..... Tarpaulin, $		15
Candelabrum, $ ..... Candles, $		19 7
Door Spray, $ ..... Gloves, $		13
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		5 9 1
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot 4 Pasta @ 2 50		10 00
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		25 00
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service Rev. Brown		10 00
Organ — Marcuse Jr.		5 00
....line Death Notices in ..... Papers		
Local Posted (Names of Newspapers)		3 61
Sales Tax		5 91
Total Footing of Bill	$	438 52
Less Lessons Post	$	2 50
Balance	$	436 02

Entered into Ledger, page ..... or below.

Miscellaneous .....

.....

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
Nov. 16	1954 By Payment	$ 225 —	$
	" " Account	$ 116	$
Mar 2,	1955 " "	$	$
May 6,	55 " "	$ 25	$
Sept 21,	55 " "	$ 20	$

Insurance $ ..... Names of Lodges ..... May 26-56 Insurance Companies ..... 10 — 24 02

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Witness .....

Signed .....

Address .....

Revised by W. W. Feineman, Long Beach, California

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Nov. 16 1954

Name of Deceased Albert Neal Jacobs W.

☐ Married ☐ Single ☐ Widowed ☑ Divorced (What Race)

Residence 1.V.P. Auto Court Ukiah ☐ Husband ☐ Wife ☐ Widow of Hazel

Charge to Mrs. Edmund Butler or..... of } Age of Husband or Wife (if living)..... Years

Address 2539 Vallejo St. San Francisco

Order given by..... (or informant)

How Secured.....

If Veteran, Name of War No.

Occupation Ret. Accountant No. (Social Security Number)

Employer and Address.....

Date of Death Nov. 16, 1954 8:10 P. (Mo.) (Day) (Yr.) (Hour)

Date of Birth April 13, 1884 Age 70 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev. Buttrum Sonoma (Address)

Religion of the Deceased Prot.

Birthplace Calif.

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death Memorial Hospital

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician Firestone & Lytel (or Coroner)

His Address Santa Rosa, Calif.

Name of Father John D. Jacobs

His Birthplace Mississippi

Maiden Name of Mother Laura Hancock

Her Birthplace Unk

Date of Funeral Nov. 18 - Thurs. 9:30 A.M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to.....

Size of Casket Grey H.P. (State Color and Number)

Manufactured by Golden State Casket Co

Cemetery / Crematory } Chapel of the Chimes Oakland

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

11-22-54 Statement

Diagram of Lot or Vault

Complete Funeral (except outlays)	$ 379	—
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		18 50
Dressing Body, $..... Underwear, $		3 —
Suit or Dress (State Kind and Color)		5 50
Slippers, $..... Hose, $		5 68
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation	50	—
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $..... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $..... Organist, $		
Railroad / or Motor } Tickets, $..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
Rev. Buttrum	10	00
..... line Death Notices in ..... Papers		
Oakland Examiner (Names of Newspapers)	5	46
No Notices		—
Sales Tax	3	69
Total Footing of Bill	$ 450	15
Less 18.95 - 30 days	$ 18	95
Balance	$ 431	20
Entered into Ledger, page ..... or below.		
Miscellaneous		

JACOBS—In Santa Rosa, November 16, 1954, Albert Neal Jacobs, husband of the late Hazel Jacobs, beloved brother of Mrs. Russell T. Day of Ventura, and Mrs. Edmund Butler of San Francisco; a native of California, aged 70 years, a member of Fresno Lodge No. 439 B. P. O. E.

Private funeral services were held Thursday, November 18, at 9:30 a. m., at the Chapel of Bates & Evans, Sonoma, Calif. Inurnment, Chapel of the Chimes, Oakland.

		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$	Dec 1, 1954	" "	$ 431 20	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Witness..... Signed.....

Address.....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Nov. 20 19 57

Name of Deceased Joseph M. Freitas W.

☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence Rt. 2 Bx 381 Sonoma ☐Husband ☐Wife ☐Widow } ..... Years

Charge to Mrs. Rose Amaral or ..... of } Age of Husband or Wife (if living)

Address Above

Order given by ..... (or informant)

How Secured .....

If Veteran, Name of War No

Occupation Ret. Dairyman (Social Security Number)

Employer and Address Self

Date of Death Nov. 22 1957 2:20 P. (Mo.) (Day) (Yr.) (Hour)

Date of Birth June 1881 Age 73 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Francis (Address)

Clergyman .....

Religion of the Deceased Catholic

Birthplace Azore Islands

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death Community Hospital

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician A. K. McGrath MD (or Coroner)

His Address Sonoma, Calif.

Name of Father .....

His Birthplace Azore Islands

Maiden Name of Mother Rose Ferreira

Her Birthplace Azore Islands

Date of Funeral Nov. 23, 1957 10 A.M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

Size of Casket Bronze metal Silver (State Color and Number)

Manufactured by D. F. Casket Co.

Cemetery / Crematory } Catholic Cem. Sonoma

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous Coombs Dunlap & Dunlap Mortuary Napa, Calif.

12-22-57 Statement to .....

Complete Funeral (except outlays) $	905 —
Casket	
Burial Vault or Box (State Kind)	15 —
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	4.5 250
Candelabrum, $ ..... Candles, $	15
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	46.7 50 3
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	14 0 2 50
Autos to R. R. Station ..... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)	
Pall Bearer Service, $ .... Use of Chapel, $	
Gross Total for Sales Tax $	
Outlay for Lot	
Cremation	
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ .... of Temporary Vault, $	
Opening of Grave or Tomb	25 —
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $ ..... Singers, $ .... Organist, $	
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service Mass	15 00
line Death Notices in ..... Papers	
— ..... Local (Names of Newspapers)	3 61
Sales Tax	14 03
Total Footing of Bill $	977 64
Less 46.00 — 30 days $	
Balance $	
Entered into Ledger, page ..... or below.	

Miscellaneous .....

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$	Jan 20, 1958	Full "	$ 977 64	$
	" "	$	$		"	$	$
	" "	$	$		"	$	$
	" "	$	$		"	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Revised by W. W. Feineman, Long Beach, California

66

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Nov. 27 1954

Name of Deceased Mary Ada Luther W

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: 2318 Maggie Rd. Panama ☐Husband ☐Wife ☐Widow } Sidney

or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to: Virginia Bahnsen - daughter

Address: above or - Irene Bernard - daughter

Order given by ..... (or informant)

How Secured .....

If Veteran, Name of War No

Occupation at home No (Social Security Number)

Employer and Address .....

Date of Death Nov. 27, 1954 12:30 A. (Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct. 9, 1873 Age 80 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Ernest Morrill Panama (Address)

Religion of the Deceased Prot

Birthplace Illinois

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician Dr. Allen (or Coroner)

His Address Bayes Hot Springs

Name of Father Hughie Smith

His Birthplace .....

Maiden Name of Mother Roseline Miner

Her Birthplace Missouri

Date of Funeral Nov. 30, Tue 2 P. M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

Size of Casket Sutter 4 Ch. (State Color and Number)

Manufactured by Sutter Casket Co.

Cemetery / Crematory } I.O.O.F. Colon Santa Rosa

Lot No

Complete Funeral (except outlays)	$	525 —
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		26.50
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		7.45
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___ Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service, Rev. Morrill		10 —
Music Lawrence Paracuellos		10 —
....line Death Notices in ..... Papers		
..... N. Mex. Cro. (Names of Newspapers)		
		7. 85
Sales Tax		
Total Footing of Bill	$	550 85
Less	$	
Balance	$	
Entered into Ledger, page ..... or below.		
Miscellaneous		

Aug 29, 1955 Balance due - $330.00

Nov 16, 1955 - Mrs Garner 10.00 320.00

12-7-55 Freeman 38.62 281.38

" " " Garner - 5 276.38

Jan 12, 1956 Bernard (mrs) 193.62 -

May 6, 1956 Garner 20.00

June 29, 1956 Garner 10.00

Aug 23, 1956 Garner 5.00

Oct 5, 1956 Garner 5.00

Oct 12, 1956 Death

Jan 31 - 57 - Garner 5.00

193.62

11-16-55 Pd

Garner - 75.85

Freeman 145.00

Bernard 10 -

12-7-55 Pd

Freeman 38.62

Garner 5.00

Insurance portion paid

27.47

nce	Date		Amount Paid	Balance
		To Balance Forward	$	$
		By Payment	$	$
	Dec 2, 1954	Mrs Garner —	$ 10 —	$
	Jan 1, 55	" Freeman —	$ 10 —	$
	1-22-55	" Garner	$ 10. 85	$
	1-22-55	" Freeman	$ 20.00	$
		" "	$	$
	Feb 9-55	Insurance Bernard	10.00	
	1-11-55	Companies Freeman	40.—	
ve sufficient resources Legally available to	Mar 28, 55	Freeman (Firm Name of Funeral Directors.)	10	
pay the same within	Mar 28, 55	Garner days from date. Interest to accrue from	10	
	April 30, 55	Garner	10	
		Address		

V. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Nov 30 1954

Name of Deceased Mary F. Casey W.

☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence Rt 2 Bx 82 Sonoma ☐Husband ☐Wife ☐Widow or..... of } Age of Husband or Wife (if living)..... Years

Charge to Richard Casey Brother

Address Above

Order given by..... (or informant)

How Secured.....

If Veteran, Name of War No.

Occupation At Home No. (Social Security Number)

Employer and Address.....

Date of Death Nov 30 1954 3 P. (Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct 7 1880 Age 74 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St Francis

Clergyman..... (Address)

Religion of the Deceased Catholic

Birthplace San Francisco

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician G. K. McGrath MD (or Coroner)

His Address Sonoma, Cal.

Name of Father Richard Casey

His Birthplace Ireland

Maiden Name of Mother Mary Beamish

Her Birthplace Ireland

Date of Funeral Dec 2 Thurs. 9:30 M. (Date) (Day of Week) (Hour)

Motor Ship } Remains to.....

Size of Casket Sutter 2 Ch (State Color and Number)

Manufactured by Sutter Casket Co.

Cemetery Crematory } Holy Cross Colma

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Miscellaneous.....

12-11-54

CASEY—In Sonoma, November 20, 1954, Mary F. Casey, loving sister of Richard D., Helen E. and Anne G. Casey of Sonoma and the late William F. Casey, daughter of the late Richard and Mary Casey; a native of San Francisco.

Friends are invited to attend the funeral services Thursday, December 2 at 9 a. m. from the Chapel of Bates & Evans, Sonoma, Calif., thence to St. Francis Solano Church where a Requiem Mass will be offered for the repose of her soul commencing at 9:30 a. m. Interment, Holy Cross Cemetery, Colma, at 11:30 a. m. Thursday. Rosary will be recited at 8 p. m. Wednesday.

Complete Funeral (except outlays)	$ 523	—
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
~~Suit or~~ Dress 17.00 14.51 (State Kind and Color)	17	51
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		26 50
Door Spray, $..... Gloves, $		17
Funeral Car, $..... Ambulance, $		27 50
Limousines to Cemetery ..... @ $		3
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		8 3 50
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Holy Cross	63	83
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service Mass	15	00
.....line Death Notices in..... Papers		
Examiner (Names of Newspapers)	7	56
Sales Tax	7	85
Total Footing of Bill	$ 634	15
Less 26.15 30 days	$ 26	15
Balance	$ 608	60

Entered into Ledger, page.....or below.

Miscellaneous.....

	Amount Paid		Balance		Date		Amount Paid		Balance	
Balance			$			To Balance Forward			$	
t	$		$		Dec. 16, 54	By Payment on full	$ 608	60	$	
	$		$				$		$	
	$		$			" "	$		$	
	$		$			" "	$		$	
	$		$			" "	$		$	

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. .... Yearly No. .... Date of Entry Nov 27 1954

Name of Deceased Mary Ada Luther W

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 23180 Moffi Rd. Sonoma ☐Husband ☐Wife ☐Widow or ... of Sidney Age of Husband or Wife (if living) ...... Years

Charge to Virginia Garner - daughter

Address above or - Irene Bernard - daughter

Order given by .... (or informant)

How Secured ....

If Veteran, Name of War no

Occupation at home no (Social Security Number)

Employer and Address ....

Date of Death Nov 27 1954 12:30 a (Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct 9, 1873 Age 80 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Ernest Morrill Sonoma (Address)

Religion of the Deceased Prot

Birthplace Illinois

Resided in the State .... (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause ...

Contri...

Cert...

His...

Na...

Hi...

M...

Diagram of Lot or Vault

Owner ....

Miscellaneous new address - Mrs Garner - 3800 - Bayshore Hiway - Brisbane, Calif Tel Juniper - 4 - 7731 - 9 a.m. - 9 P.M.

Statement to Bernard - 1-25-55

Complete Funeral (except outlays)	$ 523	—
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $ ...		
Dressing Body, $ ... Underwear, $ ...		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $ ...		
Folding Chairs, $ ... Tarpaulin, $ ...		
Candelabrum, $ ... Candles, $ ...		
Door Spray, $ ... Gloves, $ ...		
Funeral Car, $ ... Ambulance, $ ...		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___ Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
...earer Service, $ ... Use of Chapel, $ ...		
Total for Sales Tax	$	
...y for Lot		
...ation		
...ers, $ ... Palms, $ ... Matting, $		
...al of Tent, $ ... of Temporary Vault, $		
...ning of Grave or Tomb		
...ing Grave, $ ... Lowering Device, $		
...tlay for Shipping Charges		
...ergyman, $ ... Singers, $ ... Organist, $		
...ilroad / Motor Tickets, $ ... Aeroplane Service, $		
...elegr., Phone, Cable or Radio Charges		
...ash Advanced		
Out of town Funeral Director's Charges		
Personal Service Rev Morrill	10	—
Music Lawrence Marcucci	10	—
... line Death Notices in ... Papers — No notices (Names of Newspapers)		
Sales Tax	7	85
Total Footing of Bill	$ 550	85
Less	$	
Balance	$	

Margin notes: 26.150; 78.450

Entered into Ledger, page ...... or below.

Miscellaneous ....

Date			Amount Paid		Balance
Mar	4	To Above Balance — Mrs Gardner	10	00	$
	5	By Payment — B. Freeman	40	00	$
July	9, 1955	Mrs Freeman	20	00	$
	9, 1, 55	Mrs Garner	10	00	$
Aug	17, 55	Mrs Garner	5	—	$
Aug	17, 55	Mrs Freeman	5	—	$

Date			Amount Paid		Balance
		To Balance Forward	$		$
		By Payment	$		$
Dec 12	1954	Mrs Garner	10	—	$
Jan 1	55	" Freeman	10	—	$
1-22	55	" Garner	10.	85	$
1-22	55	" Freeman	20.	00	$
Feb 9-55		Bernard	10.	00	
Feb 9-55		Freeman	40	—	
Mar 28, 55		Freeman	10		
Mar 28, 55		Garner	10		
April 3 - 55		Garner	10		

Insurance $ .... Names of Lodges .... Insurance Companies ....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to .... (Firm Name of Funeral Directors.) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ...... days from date. Interest to accrue from maturity at the rate of .... % per annum.

Signed ....

Witness .... Address ....

Revised by W. W. Feineman, Long Beach, California

7/11/55 Statement to Mrs Bernard

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Nov 30 1954

Name of Deceased Mary F. Casey W.

☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence Rt 2 Bx 82 Sonoma ☐Husband ☐Wife ☐Widow or..... of } Age of Husband or Wife (if living)..... Years

Charge to Richard Casey Brother

Address Above

Order given by..... (or informant)

How Secured.....

If Veteran, Name of War No.

Occupation At home No. (Social Security Number)

Employer and Address.....

Date of Death Nov 30 1954 3 a. (Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct 7 1880 Age 74 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St Francis

Clergyman..... (Address)

Religion of the Deceased Catholic

Birthplace San Francisco

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician G. K. McGrath MD (or Coroner)

His Address Sonoma, Cal.

Name of Father Richard Casey

His Birthplace Ireland

Maiden Name of Mother Mary Beamish

Her Birthplace Ireland

Date of Funeral Dec 2 Thurs. 9:30 A.M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to.....

Size of Casket Sutter 2 Ch. (State Color and Number)

Manufactured by Sutter Casket Co.

Cemetery / Crematory } Holy Cross Colma

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Miscellaneous.....

12-11-54

CASEY—In Sonoma, November 20, 1954, Mary F. Casey, loving sister of Richard D., Helen E. and Anne G. Casey of Sonoma and the late William F. Casey, daughter of the late Richard and Mary Casey; a native of San Francisco.

Friends are invited to attend the funeral services Thursday, December 2, at 9 a. m. from the Chapel of Bates & Evans, Sonoma, Calif., thence to St. Francis Solano Church where a Requiem Mass will be offered for the repose of her soul commencing at 9:30 a. m. Interment, Holy Cross Cemetery, Colma, at 11:30 a. m. Thursday. Rosary will be recited at 8 p. m. Wednesday.

Complete Funeral (except outlays)	$ 523	—
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
~~Suit or~~ Dress 17.00 14.51 (State Kind and Color)	17	51
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		26.50
Door Spray, $..... Gloves, $		17
Funeral Car, $..... Ambulance, $		27.50
Limousines to Cemetery ..... @ $		3
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		8.50
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Holy Cross	63	83
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $		
Railroad / or Motor } Tickets, $..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service ~~Mass~~	15	00
....line Death Notices in ..... Papers		
Examiner (Names of Newspapers)	7	56
Sales Tax	7	85
Total Footing of Bill	$ 634	15
Less 26.15 30 days	$ 26	15
Balance	$ 608	60
Entered into Ledger, page.....or below.		

Miscellaneous.....

.....

		Amount Paid		Balance		Date			Amount Paid		Balance	
Balance				$				To Balance Forward			$	
						Dec. 16, 54		By Payment on full	$ 608	60		
								" "				
								" "				
								" "				

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Revised by W. W. Feineman, Long Beach, California

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RECORD OF FUNERAL

Total No. ..... Yearly No. ..... Date of Entry Dec 8 19 37

Name of Deceased Jessie V. Hunt W.

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: 514 - 2nd St. Sonoma ☐Husband ☐Wife ☐Widow } ..... or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to: William G. Hunt

Address: Georgia Lane - Woodside, Cal

Order given by: ..... (or informant)

How Secured: .....

If Veteran, Name of War: No.

Occupation: At home (Social Security Number)

Employer and Address .....

Date of Death: Dec 8, 1937 1:15 P (Mo.) (Day) (Yr.) (Hour)

Date of Birth: May 4, 1874 Age: 80 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at: Chapel

Clergyman: Rev. Marrill Sonoma (Address)

Religion of the Deceased: Prot

Birthplace: Wisconsin

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death: Sonoma Co. Hospital

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician: Robt. L. Mollenhauer MD (or Coroner)

His Address: Sonoma Cal

Name of Father: William Waste

His Birthplace: Vermont

Maiden Name of Mother: Sarah Day

Her Birthplace: Ohio

Date of Funeral: Dec 10 - Fri - 2:30 P.M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

Size of Casket: Grey ; Ch. (State Color and Number)

Manufactured by: Golden D. Casket Co

Cemetery / Crematory } Chapel & The Chimes D.R.

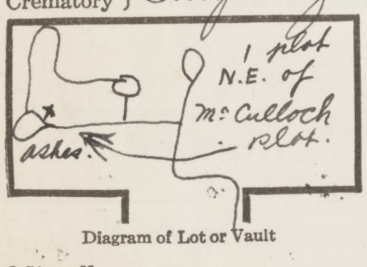

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

.....

12-11-37 statement to Son for dress + Music

Complete Funeral (except outlays)	$ 365	—
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
~~Suit~~ or Dress 17 - 24 S-1 (State Kind and Color)	17	5-1
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		18 50
Candelabrum, $ ..... Candles, $		17 50
Door Spray, $ ..... Gloves, $		19 53
Funeral Car, $ ..... Ambulance, $		14 85 0
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		5 4
Autos to R. R. Station ..... @ $		5
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
~~Deliver~~ Flowers to		
~~Removal~~ Charges. Crack for Ashes	2	98
Procuring Burial Permit. for Ashes (State Number and District)	5	00
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation ..Y... permit	45	50
Flowers, $ ..... Palms, $ .... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or ~~Tomb~~ for ashes	10	00
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service ... Organ - Marcus	5	00
... Rev. Marrill	10	—
....line Death Notices in ..... Papers		
..... Local (Names of Newspapers)	3	61
Sales Tax	5	48
Total Footing of Bill	$ 469	88
Less	$	
Balance ..... Less	$ 470 4.	88 52
Entered into Ledger, page ..... or below.	466	36

Miscellaneous .....

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$	Jan 3, 55	By Payment in full	$ 466 36	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. ..... Yearly No. ..... Date of Entry Dec 10 1954

Name of Deceased Josephine S. Andrieux ..... W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 29 W. Napa St. ☐Husband ☐Wife ☐Widow } Emile

or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Emile Andrieux

Address Above

Order given by ..... (or informant)

How Secured .....

If Veteran, Name of War No.

Occupation Owner & Mgr. Hotel No. (Social Security Number)

Employer and Address .....

Complete Funeral (except outlays)	$	920 —
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress		46.0
Slippers, $ (State Kind and Color) ..... Hose, $		3
s, $ ..... Tarpaulin, $		13.00
$ ..... Candles, $		
..... Gloves, $		
$ ..... Ambulance, $		
Cemetery ..... @ $		
ines ..... @ $		
. Station ..... @ $		
ins from		
ins to		
er's Inquest		
x to		
rs to 1 c/c Mission Circle		1 —
rges		
rial Permit		5 —
(State Number and District) ies of Death Certificates No.		
(State Physician's or Coroner's) ervice, $ .... Use of Chapel, $		
or Sales Tax	$	
ot North Bay Charges		156.00
..... Palms, $ ..... Matting, $		
t, $ .... of Temporary Vault, $		
rave or Tomb Vault		
$ ..... Lowering Device, $ Section fee		5 —
ipping Charges		
..... Singers, $ .... Organist, $		
ets, $ ..... Aeroplane Service, $		
e, Cable or Radio Charges		
ed High mass		35 00
Funeral Director's Charges		
rice		
th Notices in Pat & Sun. Ex. Papers		26 70
Local		3 61
(Names of Newspapers) Democrat		5 00
Chronicle		25 00
		13 80
g of Bill	$	
0- 30 days 3 c/c Bal Paggitt	$	3
Balance	$	1,201 61
c/c Pd for by Redman — Ledger, page ... or below.		1 00
		1200 61
s		

STATEMENT

SANTA ROSA, CALIF., January 6 195 5

M Emile Andrieux c/o Ernie Evans - Bates & Evans

Sonoma, Calif.

IN ACCOUNT WITH

NORTH BAY MONUMENT CO.

Phone 693

212 DAVIS STREET *Off the Freeway* SANTA ROSA, CALIF.

Inscription - "Josephine S. Andrieux"	81.00
Opening & Closing (and bricks)	75.00
	156.00

Paid in full Feb 7-55 J A Costa

	Amount Paid		Balance	
To Balance Forward			$	
By Payment	$		$	
Jan 17, 55 In full	$1155	61	$	
" "	$		$	
" "	$		$	
" "	$		$	

Tribe No. 293, U. O. R. M. A member of Y. L. I. and St. Francis Guild, Sonoma.

Friends are invited to attend the funeral services Monday, December 13, at 9:30 a. m., at the Chapel of Bates & Evans, Sonoma, Calif., thence to St. Francis Church where a Requiem High Mass will be celebrated for the repose of her soul commencing at 10:00 a. m. Entombment, Mountain Cemetery, Sonoma. Rosary will be recited Sunday evening at 8:00 o'clock.

D

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Revised by W. W. Feineman, Long Beach, California

68

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Dec 8 19 37

Name of Deceased Jessie V. Hunt W.

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: 514 - 2nd St. Sonoma ☐Husband ☐Wife ☐Widow } ..... Age of Husband or Wife (if living)..... Years

Charge to: William E. Hunt or ..... of

Address: Georgia Lane - Woodside, Calif

Order given by: ..... (or informant)

How Secured: .....

If Veteran, Name of War No.

Occupation At home (Social Security Number)

Employer and Address .....

Date of Death Dec 8, 1937 1:15 P (Mo.) (Day) (Yr.) (Hour)

Date of Birth May 4, 1874 Age 80 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev. Merrill Sonoma (Address)

Religion of the Deceased Prot

Birthplace Wisconsin

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma Co. Hospital

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician Robt. L. Mollenhauer MD (or Coroner)

His Address Sonoma Calif

Name of Father William Waste

His Birthplace Vermont

Maiden Name of Mother Sarah Day

Her Birthplace Ohio

Date of Funeral Dec 10 - Fri - 2:30 P.M. (Date) (Day of Week) (Hour)

Motor Ship } Remains to .....

Size of Casket Grey ½ ch. (State Color and Number)

Manufactured by Golden D. Casket Co

Cemetery Crematory } Chapel & The Thomas S.R.

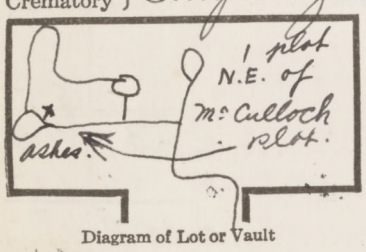

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Miscellaneous.....

.....

12-11-37 statement to Son for dress + Music

Complete Funeral (except outlays)	$ 365 -
Casket	
Burial Vault or Box (State Kind)	
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
~~Suit~~ or Dress 17 - 24 s-l (State Kind and Color)	17 s-l
Hose $	
Slippers, $ ..	
Folding Chai	
Candelabrun	
Door Spray,	
Funeral Car,	
Limousines	
Extra Limou	
Autos to R.	
Getting Ren	
Taking Rem	
Trip to Core	
Delivering F	
~~Deliver~~ Flow	
Removal Ch	
Procuring B	
___Certif.Co	
Pall Bearer	
Gross Total	
Outlay for	
Cremation .	
Flowers, $.	
Rental of Te	
Opening of	
Lining Grav	
Outlay for $	
Clergyman,	
Railroad or Motor } Tic	
Telegr., Pho	
Cash Advar	
Out of town	
Personal Se	
....line De	
.....	
.....	
.....	
Sales Tax	
Total Foot	
Less	
Entered in	
Miscellane	

Date		Amount Paid		Balance		Date							
.....	....	To Above Balance	.....	.....	$	.....	.....	.....	.....	.....	.....	.....	.....
.....	....	By Payment	$	.....	$	.....	.....	.....	.....	.....	.....	.....	.....
.....	....	" "	$	.....	$	.....	.....	" "	$	.....	$	.....	
.....	....	" "	$	.....	$	.....	.....	" "	$	.....	$	.....	
.....	....	" "	$	.....	$	.....	.....	" "	$	.....	$	.....	
.....	....	" "	$	.....	$	.....	.....	" "	$	.....	$	.....	

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness.....

Address.....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. ..... Yearly No. ..... Date of Entry Dec 10 1954

Name of Deceased Josephine S. Andrieux W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 29 W. Napa St. ☐Husband ☐Wife ☐Widow } Emile

or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Emile Andrieux

Address Above

Order given by ..... (or informant)

How Secured .....

If Veteran, Name of War No.

Occupation Owner & Mgr. Hotel No. (Social Security Number)

Employer and Address .....

Date of Death Dec 10, 1954 3:10 P.M.

JOSEPHINE S. ANDRIEUX
APR 29-1896 DEC 10-1954
NATIVE of CALIFORNIA

His Address Sonoma, Calif.

Name of Father John Steiner

His Birthplace Switzerland

Maiden Name of Mother Josephine Teichler

Her Birthplace Switzerland

Date of Funeral Dec 13 Mon. 10 A.M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

Size of Casket Metal Dealer Bronze (Style Color and Number)

Manufactured by S.F. Casket Co.

Cemetery / Crematory } Mt. Cem. Sonoma

Teichler - Andrieux
Vault. Steiner

Lot No. .....
Grave No. .....
Section No. .....
Block No. .....
Owner .....

Diagram of Lot or Vault

Miscellaneous .....

UX—In Sonoma, Calif., Decem-, 1954, Josephine S. Andrieux, beloved wife of Emile Andrieux noma, adored mother of Robert ux, Mrs. Margaret Hotz, Mrs. Rhode, Miss Lois Andrieux and Helen Andrieux, all of Sonoma, sister of John J. Steiner, idol-randmother of Sharon, Jo Ann Robert, Harry and Judith Rhode, Mary Margaret Andrieux, all of a; a native of California, aged ars. Past President of N. D. Sonoma Parlor No. 209; Past ent of Mission Circle No 139, O. D., Sonoma; Past Over Chies ast Deputy of Sonoma Bear Flag Tribe No. 293, U. O. R. M. A member of Y. L. I. and St. Francis Guild, Sonoma.

Friends are invited to attend the funeral services Monday, December 13, at 9:30 a. m., at the Chapel of Bates & Evans, Sonoma, Calif., thence to St. Francis Church where a Requiem High Mass will be celebrated for the repose of her soul commencing at 10:00 a. m. Entombment, Mountain Cemetery, Sonoma. Rosary will be recited Sunday evening at 8:00 o'clock.

Complete Funeral (except outlays) $	920 —
Casket	
Burial Vault or Box (State Kind)	
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress (State Kind and Color)	46.00
Slippers, $ ..... Hose, $	3
Folding Chairs, $ ..... Tarpaulin, $	13.80
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
~~Deliver~~ Flowers to 1 c/c Mission Circle	1 —
Removal Charges	
Procuring Burial Permit (State Number and District)	5 —
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)	
Pall Bearer Service, $ .... Use of Chapel, $	
Gross Total for Sales Tax $	
Outlay for Lot North Bay Charges	156 00
Cremation Inscrip - 8.00 open & close 75.00	
Flowers, $ .... Palms, $ .... Matting, $	
Rental of Tent, $ .... of Temporary Vault, $	
Opening of Grave or Tomb Vault	
Lining Grave, $ .... Lowering Device, $ Sexton fee	5 —
Outlay for Shipping Charges	
Clergyman, $ .... Singers, $ .... Organist, $	
Railroad / Motor } Tickets, $ .... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced Sugh. mass	25 00
Out of town Funeral Director's Charges	
Personal Service	
Dat & Sun. Ext. line Death Notices in Papers	26 70
Local (Names of Newspapers)	3 61
Democrat	5 00
Dat & Sun. Chronicle	25 60
Sales Tax	13 80
Total Footing of Bill $	
Less 46.00 - 30 days 3 c/c Dec Paggitt $	3
Balance $	1,201 61
Less 1 c/c Pd for by Redman	1 00
Entered into Ledger, page ... or below.	1200 61
Miscellaneous	

	Amount Paid	Balance	Date		Amount Paid	Balance
Balance		$		To Balance Forward		$
	$	$		By Payment	$	$
	$	$	Jan 19, 55	In full	$ 1155 61	$
	$	$		" "	$	$
	$	$		" "	$	$
	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to .....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Revised by W. W. Feineman, Long Beach, California

68

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Dec 8 1954

Name of Deceased Jessie V. Hunt W.

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: 514 - 2nd St. Sonoma ☐Husband ☐Wife ☐Widow } ....

or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to: William G. Hunt

Address: Georgia Lane - Woodside, Calif

Order given by: ..... (or informant)

How Secured: .....

If Veteran, Name of War: No

Occupation: At home (Social Security Number)

Employer and Address .....

Date of Death: Dec 8, 1954 1:15 P (Mo.) (Day) (Yr.) (Hour)

Date of Birth: May 4, 1874 Age 80 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at: Chapel

Clergyman: Rev. Marrable Sonoma (Address)

Religion of the Deceased: Prot

Birthplace: Wisconsin

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death: Sonoma Co. Hospital

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician: Robt. L. Mollenhauer MD (or Coroner)

His Address: Sonoma, Calif

Name of Father: William Waste

His Birthplace: Vermont

Maiden Name of Mother: Sarah Day

Her Birthplace: Ohio

Date of Funeral: Dec 10 - Fri - 2:30 P.M. (Date) (Day of Week) (Hour)

Motor Ship } Remains to .....

Size of Casket: Grey, 7 Ch. (State Color and Number)

Manufactured by: Golden G. Casket Co

Cemetery Crematory } Chapel of the Chimes S.R.

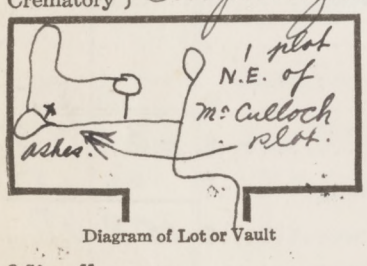

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

.....

12-11-54 statement to Son for dress + Music

Complete Funeral (except outlays)	$ 365	-
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
~~Suit~~ or Dress 17 - 24 s-l (State Kind and Color)	17	s-l
Slippers, $ ..... Hose, $		
Folding Ch		
Candelabru		
Door Spray		
Funeral Ca		
Limousines		
Extra Limo		
Autos to R		
Getting Re		
Taking Rem		
Trip to Co		
Delivering		
~~Deliver Flo~~		
~~Removal C~~		
Procuring I		
___Certif.C		
Pall Bearer		
Gross Tota		
Outlay for		
Cremation		
Flowers, $		
Rental of T		
Opening of		
Lining Gra		
Outlay for		
Clergyman		
Railroad or Motor } Ti		
Telegr., Ph		
Cash Adva		
Out of tow		
Personal Se		
....line D		
Sales Tax		
Total Foot		
Less		
Entered in		
Miscellane		

Date		Amount Paid		Balance		Date							
.....	....	To Above Balance	.....	.....	$	....							
.....	....	By Payment	$	.....	$	....							
.....	....	" "	$	.....	$	....	"	"	$	.....	$	.....	
.....	....	" "	$	.....	$	....	"	"	$	.....	$	.....	
.....	....	" "	$	.....	$	....	"	"	$	.....	$	.....	
.....	....	" "	$	.....	$	....	"	"	$	.....	$	.....	

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. ..... Yearly No. ..... Date of Entry Dec 10 1954

Name of Deceased Josephine S. Andrieux W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 29 W. Napa St. ☐Husband ☐Wife ☐Widow } Emile

or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Emile Andrieux

Address Above

Order given by ..... (or informant)

How Secured .....

If Veteran, Name of War No.

Occupation Owner & Mgr. Hotel No. (Social Security Number)

Employer and Address .....

Date of Death Dec 10, 1954 3:10 P. (Mo.) (Day) (Yr.) (Hour)

Date of Birth April 29, 1896 Age 58 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Francis

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Sacramento Calif

Resided in the State Life (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician Carroll Andrieux (or Coroner)

His Address Sonoma, Calif.

Name of Father John Steiner

His Birthplace Switzerland

Maiden Name of Mother Josephine Reichler

Her Birthplace Switzerland

Date of Funeral Dec 13 Mon 10 A.M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

Size of Casket Metal Dealer Bronze (Style Color and Number)

Manufactured by S. F. Casket Co.

Cemetery / Crematory } Mt. Cem. Sonoma

Reichler - Andrieux
Vault. Steiner

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Diagram of Lot or Vault

Miscellaneous .....

Complete Funeral (except outlays) $	920 —
Casket	
Burial Vault or Box (State Kind)	
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress (State Kind and Color)	46.00
Slippers, $ ..... Hose, $	3
Folding Chairs, $ ..... Tarpaulin, $	13.80
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
~~Deliver Flowers to~~ I. C. Mission Circle	1 —
Removal Charges	
Procuring Burial Permit (State Number and District)	5 —
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)	
Pall Bearer Service, $ .... Use of Chapel, $	
Gross Total for Sales Tax $	
Outlay for Lot North Bay Charges	156 00
Cremation Inscrip - 81.00 Opening & Closing 75.00	
Flowers, $ .... Palms, $ ..... Matting, $	
Rental of Tent, $ .... of Temporary Vault, $	
Opening of Grave or Tomb Vault	
Lining Grave, ~~$~~ Lowering Device, $	5 —
Outlay for Shipping Charges	
Clergyman, $ ..... Singers, $ .... Organist, $	
Railroad / Motor } Tickets, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced High mass	35 00
Out of town Funeral Director's Charges	
Personal Service	
..... Sat & Sun. Ex.	26 70
..... line Death Notices in ..... Papers Local	3 61
(Names of Newspapers) Democrat	5 00
Sat & Sun. Chronicle	25 00
Sales Tax	13 80
Total Footing of Bill $	
Less 46.00 - 30 days 3 c/c Bal. Paggiuli	3
Balance $	1,201 61
Less 1 c/c Pd for by Redman	1 00
Entered into Ledger, page ..... or below.	1200 61
Miscellaneous	

UX—In Sonoma, Calif., Decem-, 1954, Josephine S. Andrieux, beloved wife of Emile Andrieux oma, adored mother of Robert ux, Mrs. Margaret Hotz, Mrs. Rhode, Miss Lois Andrieux and Helen Andrieux, all of Sonoma, sister of John J. Steiner, idol-randmother of Sharon, Jo Ann Robert, Harry and Judith Rhode, Mary Margaret Andrieux, all of a; a native of California, aged ars. Past President of N. D. Sonoma Parlor No. 209; Past ent of Mission Circle No 139, O. D., Sonoma; Past Over Chies ast Deputy of Sonoma Bear Flag Tribe No. 293, U. O. R. M. A member of Y. L. I. and St. Francis Guild, Sonoma.

Friends are invited to attend the funeral services Monday, December 13, at 9:30 a. m., at the Chapel of Bates & Evans, Sonoma, Calif., thence to St. Francis Church where a Requiem High Mass will be celebrated for the repose of her soul commencing at 10:00 a. m. Entombment, Mountain Cemetery, Sonoma. Rosary will be recited Sunday evening at 8:00 o'clock.

	Amount Paid	Balance	Date		Amount Paid	Balance
Balance		$		To Balance Forward		$
t	$	$		By Payment	$	$
	$	$	Jan 19, 55	In full	$ 1155 61	$
	$	$		" "	$	$
D	$	$		" "	$	$
	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Revised by W. W. Feineman, Long Beach, California

70

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Dec 11 19 57

Name of Deceased Mary Pugliese W.

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence: 1st St. West - With Mrs. Sebastiani ☐Husband ☐Wife ☐Widow } of ..... Age of Husband or Wife (if living)..... Years

Charge to: Cash in Bank

Address.....

Order given by..... (or informant)

How Secured:.....

If Veteran, Name of War no

Occupation At home no (Social Security Number)

Employer and Address.....

Date of Death Dec 11, 1957 6:30 A (Mo.) (Day) (Yr.) (Hour)

Date of Birth Aug 15, 1877 Age 77 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Francis Church

Clergyman..... (Address)

Religion of the Deceased Catholic

Birthplace Czechoslavakia

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma Co. Hospital

Cause of Death A. S. H. D.

Contributory Causes Malnutrition

Senility

Certifying Physician Dr. Fuqua (or Coroner)

His Address Sonoma Co. Hospital

Name of Father.....

His Birthplace.....

Maiden Name of Mother.....

Her Birthplace:.....

Date of Funeral Dec 14 (Date) Tue (Day of Week) 9:30 A (Hour) M.

Motor / Ship } Remains to.....

Size of Casket..... (State Color and Number)

Manufactured by.....

Cemetery / ~~Crematory~~ } Mt. Cemetery. Sonoma

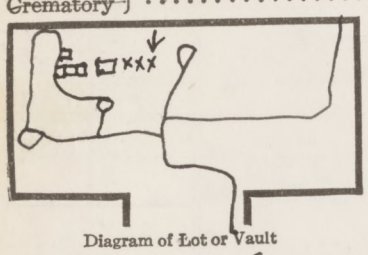

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Miscellaneous... above plots

MARRONI ☐

HAYES ☐☐☐ ☐ XXX

Complete Funeral (except outlays)	$	2 2 5 -
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		1 1 3
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		3 3 0
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
~~Deliver~~ Flowers ~~to~~ for Casket		1 0 . 0 0
Removal Charges		
Procuring Burial Permit (State Number and District)		5 . 0 0
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $..... of Temporary Vault, $		
Opening of Grave or Tomb		6 0 . —
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $..... Organist, $		
Railroad / or Motor } Tickets, $..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service Mass		1 5 . 0 0
....line Death Notices in..... Papers		
(Names of Newspapers)		
Sales Tax		3 30
Total Footing of Bill	$	3 1 5 . 3 0
Less	$	
Balance	$	
Entered into Ledger, page.....or below.		

Miscellaneous.....

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward	$	$
Jan 3-58	By Payment in full	$ 3 1 5 . 3 0	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Gaige
PENTURF
STOCKDALE
Husband
Son
Mary

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Dec. 14 19 54

Name of Deceased Jane T. Cerisier W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 5201 Warm Spring Rd. ☐ Husband ☐ Wife ☐ Widow } Alfred M. —

or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Alfred M — Glen Ellen

Address .....

Order given by ..... (or informant)

How Secured .....

If Veteran, Name of War N.S.

Occupation at home N.S. (Social Security Number)

Employer and Address .....

Date of Death Dec. 14, 1954 7:20 A. (Mo.) (Day) (Yr.) (Hour)

Date of Birth Feb 2 1900 Age 54 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Francis Church

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace San Francisco

Resided in the State Life (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician P. K. McGrath M.D. (or Coroner)

His Address Sonoma, Calif.

Name of Father Charles Killpack

His Birthplace Calif.

Maiden Name of Mother — Gallager

Her Birthplace Calif.

Date of Funeral Dec. 16, Thurs. 9 A. M. (Date) (Day of Week) (Hour)

Motor Ship } Remains to .....

Size of Casket Orchid - ½ Ch. (State Color and Number)

Manufactured by Golden State C. Co.

Cemetery Crematory } Golden Gate National

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

1-3-55- Statement

Complete Funeral (except outlays)	$ 526 —
Casket	
Burial Vault or Box (State Kind)	
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
~~Suit or~~ Dress 17.00 ~~24.50~~ (State Kind and Color)	17 50
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	26 3
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	17
Funeral Car, $ ..... Ambulance, $	28 0
Limousines to Cemetery ..... @ $	28 3
Extra Limousines ..... @ $	8 40
Autos to R. R. Station ..... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)	
Pall Bearer Service, $ .... Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot	
Cremation	
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ .... of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $ ..... Singers, $ .... Organist, $	
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	1 —
Out of town Funeral Director's Charges	
Personal Service Mass	15 —
..... line Death Notices in ..... Papers	
~~Examiner~~ 6 30	
(Names of Newspapers)	
~~Pallbearers (2)~~ ~~10 00~~	
1 C C	1 —
Sales Tax	7 89
Total Footing of Bill	$ 573 70
Less 26.30 30 days	$ 26 30
Balance	$ 547 40
Entered into Ledger, page ..... or below.	
Miscellaneous	

CERISIER—In Glen Ellen, Calif., December 14, 1954, Jane T. Cerisier, dearly beloved wife of Alfred M. Cerisier of Glen Ellen, beloved sister of William Killpack and Mrs. Ann Murray of San Francisco and Katherine Keily of Redwood City; a native of San Francisco, aged 54 years.

Private funeral services were conducted Thursday, December 16, at 8:30 a. m. from the Chapel of Bates & Evans, Sonoma, Calif. Requiem Mass was offered at St. Francis Solano Church at 9 a. m. Interment, Golden Gate National Cemetery, San Bruno.

		Amount Paid		Balance		Date		Amount Paid		Balance	
Balance				$			To Balance Forward			$	
t	$			$			By Payment	$		$	
	$			$		Jan 7, 1955	"	$ 547	40	$	
	$			$			" "	$		$	
" "	$			$			" "	$		$	
" "	$			$			" "	$		$	

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Revised by W. W. Feineman, Long Beach, California

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Dec 15 1954

Name of Deceased Ella H. Beard W.

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence P.O. Bx. 622 Sonoma S. Bdway ☐Husband ☐Wife ☐Widow } ..... Age of Husband or Wife (if living)..... Years

Charge to: Marge Hyland

Address.....

Order given by..... (or informant)

How Secured:.....

If Veteran, Name of War no.

Occupation at home no. (Social Security Number)

Employer and Address.....

Date of Death Dec 15 1954 4:20 a (Mo.) (Day) (Yr.) (Hour)

Date of Birth Sept 1 1874 Age 80 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Dr. Bernard Montgomery Valley (Address)

Religion of the Deceased Prot

Birthplace Canada

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma District Hospital

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician Robt L. Mollenhauer MD (or Coroner)

His Address Sonoma Calif

Name of Father John Wyeth

His Birthplace England

Maiden Name of Mother Margaret

Her Birthplace:.....

Date of Funeral Dec 18, Sat. 2 P. M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to.....

Size of Casket Grey ½ Ch. (State Color and Number)

Manufactured by Golden State Casket Co.

Cemetery / ~~Crematory~~ } Sunrise Memorial Cem Valley

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Miscellaneous.....

.....

.....

Complete Funeral (except outlays)	$	425 00
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		21 50 3
Slippers, $..... Hose, $		6 50
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		6 37
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $..... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $..... Organist, $		
Railroad / or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service Minister		20 00
Music - Dunbar - Marmeen		10 00
....line Death Notices in ..... Papers		3 6 1
Local (Names of Newspapers)		
		6 38
Sales Tax		
Total Footing of Bill	$	464 99
Less 21.25 - 30 days	$	21 25
Balance	$	443 74

Entered into Ledger, page.....or below.

Miscellaneous.....

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
Dec 20, 54	Geo M. Beard	$ 443 74	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness.....

Address.....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry... Dec. 14 ..... 19 54

Name of Deceased... George ... Sharpe ... W.
☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence Park Ave ... Bayes ... Springs ☐Husband ☐Wife ☐Widow or ..... of } ..... Age of Husband or Wife (if living) ..... Years

Charge to Mrs ... Davis ... % Dr. Neal ...

Address 3231 Conejo Dr ... San Bernardino

Order given by Bud Castners ... executor
(or informant)

How Secured .....

If Veteran, Name of War ... No ...

Occupation Plumber ... unk -
(Social Security Number)

Employer and Address .....

Date of Death Dec 14, 1954 4 P.
(Mo.) (Day) (Yr.) (Hour)

Date of Birth July 10, 1885 Age 79
(Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel .....

Clergyman Rev Ralph Richardson ... Same
(Address)

Religion of the Deceased ... Prot ...

Birthplace Iowa ...

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death ... Home ...

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician Michael M. Mikita MD
(or Coroner)

His Address Bayes Hot Springs Cal -

Name of Father Benjamin Sharpe ...

His Birthplace .....

Maiden Name of Mother Mary Paul ...

Her Birthplace .....

Date of Funeral Dec 17, Fri ... 10 a M.
(Date) (Day of Week) (Hour)

Motor Ship } Remains to .....

Size of Casket H. P. Golden Gate Casket
(State Color and Number)

Manufactured by ... " ...

Cemetery Crematory } Chapel of the Chimes SR

Diagram of Lot or Vault

Lot No. .....
Grave No. .....
Section No. .....
Block No. .....
Owner .....

Miscellaneous .....

1-17-55 - Statement .....

Complete Funeral (except outlays) ... $	560	
Casket ...		
Burial Vault or Box ... (State Kind)		
Embalming Body ... (Name of Embalmer)		
Barber, $ ... Hair Dressing, $ ...		
Dressing Body, $ ... Underwear $ ...		
Suit ~~or Dress~~ 14.50 undrwear 2 @ 2.50 (State Kind and Color)	19	06
Slippers, $ ... Hose, $ ...		
Folding Chairs, $ ... Tarpaulin, $ ...		
Candelabrum, $ ... Candles, $ ...		
Door Spray, $ ... Gloves, $ ...		
Funeral Car, $ ... Ambulance, $ ...		28 00
Limousines to Cemetery ... @ $ ...		16 50
~~Extra~~ Limousines ... @ $ ...		24 50 3
Autos to R. R. Station ... @ $ ...		
Getting Remains from ...		
Taking Remains to ...		8 8 50
Trip to Coroner's Inquest ...		
Delivering Box to ...		
Deliver Flowers to ...		
Removal Charges ...		
Procuring Burial Permit ... (State Number and District)		
___Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $ ...		
Gross Total for Sales Tax ... $		
Outlay for Lot ...		
Cremation ...	45	-
Flowers, $ ... Palms, $ ... Matting, $ ...		
Rental of Tent, $ ... of Temporary Vault, $ ...		
Opening of Grave or Tomb ...		
Lining Grave, $ ... Lowering Device, $ ...		
Outlay for Shipping Charges ...		
Clergyman, $ ... Singers, $ ... Organist, $ ...		
Railroad or Motor } Tickets, $ ... Aeroplane Service, $ ...		
Telegr., Phone, Cable or Radio Charges ...		
Cash Advanced ...		
Out of town Funeral Director's Charges ...		
Personal Service Rev. Richardson ...	10	-
Organ - Marguerite ...	5	00
... line Death Notices in ... Papers ...	3	61
Local (Names of Newspapers)		
...		
...		
Sales Tax ...	8	40
Total Footing of Bill ... $	649	07
Less 28.00 - 30 days ... $		
Balance ... $		

Entered into Ledger, page ..... or below.

Miscellaneous .....

Date		Amount Paid	Balance
1-25-55	Statement to		
	To Above Balance ...	$ ...	$ ...
	By Payment ...	$ ...	$ ...
L. E.	Castner ...	$ ...	$ ...
	P. O Box 337 ...	$ ...	$ ...
	Bayes Springs ...	$ ...	$ ...
	" " ...	$ ...	$ ...

Date		Amount Paid	Balance
	To Balance Forward ...	$ ...	$ ...
Feb 17, 55	By Payment ...	$ 649 07	$ ...
	" " ...	$ ...	$ ...
	" " Full	$ ...	$ ...
	" "	$ ...	$ ...
	" " ...	$ ...	$ ...

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Revised by W. W. Feineman, Long Beach, California

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Dec. 17 1954

Name of Deceased Dollie Baum W.

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence Boyes Hot Springs ☐Husband ☐Wife ☐Widow } John Baum 96

Charge to Ray M. Loper or..... of } Age of Husband or Wife (if living)..... Years

Address P.O. Box 98 Boyes Spring

Order given by.....

How Secured $50 Per Month (or informant)

If Veteran, Name of War.....

Occupation at Home

(Social Security Number)

Employer and Address.....

Date of Death 12-17-54 11:AM (Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct 18 1858 Age 96 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Ralph Richardson (Address)

Religion of the Deceased.....

Birthplace Michigan

Resided in the ~~State~~ Valley 9 mo. (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma Co. Hospital

Cause of Death uremia 5 days

Contributory Causes A.S.H.D. 11 yrs

.....

Certifying Physician Rawson B. Turner (or Coroner)

His Address: Co. Hos.

Name of Father William Holmes

His Birthplace Unk.

Maiden Name of Mother ~~—~~ Spedel

Her Birthplace Illinois

Date of Funeral 12-19-54 Sun 2:30 P.M. (Date) (Day of Week) (Hour)

Motor Ship } Remains to.....

Size of Casket 6/3 #98 Slip Cap Lil Dol (State Color and Number)

Manufactured by Golden State Casket Co

~~Cemetery~~ Crematory } Chapel of Chimes

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Miscellaneous.....

.....

12-29-54 Statement

Complete Funeral (except outlays)	$
Casket	283 —
Burial Vault or Box (State Kind)	
Embalming Body (Name of Embalmer)	
Barber, $..... Hair Dressing, $	
Dressing Body, $..... Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $..... Hose, $	
Folding Chairs, $..... Tarpaulin, $	
Candelabrum, $..... Candles, $	14 50
Door Spray, $..... Gloves, $	1 —
Funeral Car, $..... Ambulance, $	3.
Limousines to Cemetery ..... @ $	45 —
Extra Limousines ..... @ $	4. 2
Autos to R. R. Station ..... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)	
Pall Bearer Service, $.... Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot	
Cremation	75 —
Flowers, $ Casket Sprays Palms, $ Matting, $	20 60
Rental of Tent, $.... of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $..... Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $..... Singers, $.... Organist, $	
Railroad or Motor } Tickets, $..... Aero-plane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
Rev. R. Richardson	10 —
....line Death Notices in ..... Papers	
Card of Thanks (Names of Newspapers)	1 —
Shoulder over Urns	2 58
Sales Tax	4 25
Total Footing of Bill	$ 366 43
Less 14.25 (30 days)	$
Balance	$
Entered into Ledger, page.....or below.	

Miscellaneous.....

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$	Jan 21, 55	By Payment	$ 166 43	$
	" "	$	$	Feb 22, 55	" "	$ 50 —	$
	" "	$	$	Mar 26, 1955	" on acct	$ 50 —	$
	" "	$	$	April 25, 55	" "	$ 50 —	$
	" "	$	$	May 29, 55	" "	$ 50 —	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Dec 21 19 54

Name of Deceased Andrew Mathieu W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 1.8.10 Thornberry Rd. Sonoma ☐Husband ☐Wife ☐Widow } Marie D

or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Marie D. Mathieu

Address Above

Order given by ..... (or informant)

How Secured .....

If Veteran, Name of War W.W. I

Occupation Ret. Moulder (Social Security Number)

Employer and Address .....

Date of Death Dec 21, 1954 9:40 P. (Mo.) (Day) (Yr.) (Hour)

Date of Birth May 1.1.1888 Age 66 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Francis

Clergyman ..... (Address)

Religion of the Deceased Catholic

Complete Funeral (except outlays) 1.97.0	$	828 —
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		4 60
Suit or Dress (State Kind and Color)		3
Slippers, $ ..... Hose, $		138 0
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		

TELEPHONE 2686

Bates and Evans

Funeral Directors

SONOMA, CALIFORNIA

December 24, 1954

Received from Bates & Evans, Funeral Directors, the following donations to the New District Hospital fund, in memory of
ANDREW MATHIEU

Jim Vigne.....$5.00
Felix Galut..... 5.00
Mr. and Mrs. Eugen Malet
Mr. P. Burg
Mr. and Mrs. Ivan Ohms.....$18.00

Signed Ophelia L. Larson Treas.
Sonoma District Hospital Board.

Balance	$	8.1.6. 60
Entered into Ledger, page .....or below.		
Miscellaneous		

Miscellaneous..... 1-5-55 Filed Gov'ment

MATHIEU—In Sonoma, Calif., December 21, 1954, Andrew E. Mathieu, dearly beloved husband of Mrs. Marie I. Mathieu of Sonoma, beloved father of Mrs. Irene Guiral of S. F. and Eugene A. Mathieu of Sonoma, adored grandfather of Edmond and Denise Guiral of S. F. and Jonathan Mathieu of Sonoma, loving brother of Henri Matnieu of France; a native of France, aged 66 years. A member of Petaluma Eagles Lodge Aerie No. 333 and Jack London Post, American Legion, Sonoma. A veteran of World War I.
Friends are invited to attend the funeral services Friday, December 24, at 8:30 a. m., at the Chapel of Bates & Evans, Sonoma, Calif., thence to St. Francis Solano Church where a Requiem Mass will be offered for the repose of his soul commencing at 9:00 a. m. Interment, Golden Gate National Cemetery, San Bruno, Friday, 11:30 a. m. Rosary will be recited Thursday evening at 8:00 o'clock. (Contributions to the New Sonoma District Hospital Fund preferred.)

	Amount Paid		Balance		Date			Amount Paid		Balance	
alance			$				To Balance Forward			$	
	$		$				By Payment	$		$	
	$		$				" "Eagles	$		$	
	$		$		Jan 17, 1955		" Eagles	$ 100	—	$	
	$		$		Jan 24		" Orchestra	$ 626	60	$	
	$		$		Feb 17, 1955		Gov'ment	$ 150	00	$	

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Revised by W. W. Feineman, Long Beach, California

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Dec. 17 1954

Name of Deceased Dollie Baum W.

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence Boyes Hot Springs ☐Husband ☐Wife ☐Widow } John Baum 96

Charge to Ray M. Loper or ..... of } Age of Husband or Wife (if living) ..... Years

Address P.O. Box 98 Boyes Spring

Order given by ..... (or informant)

How Secured $50 Per Month

If Veteran, Name of War .....

Occupation at Home (Social Security Number)

Employer and Address .....

Date of Death 12-17-54 11:AM (Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct 18 1858 Age 96 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Ralph Richardson (Address)

Religion of the Deceased .....

Birthplace Mich

Resided in the ~~State~~ Valley 9 6 (or U. S. or C

Place of Death Sonoma

Cause of Death uremia

Contributory Causes A. S.

.....

Certifying Physician Rawson

His Address: Co. Hos

Name of Father Willia

His Birthplace Unk

Maiden Name of Mother .....

Her Birthplace Illi

Date of Funeral 12-19-54 (Date) (Di

Motor / Ship } Remains to .....

Size of Casket 6/3 #98 Al (Stat

Manufactured by Golden S

~~Cemetery~~ / Crematory } Chapel of T

Diagram of Lot or Vault

Complete Funeral (except outlays) ..... $		
Casket	283	—
Burial Vault or Box ..... (State Kind)		
Embalming Body ..... (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress ..... (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		50
Candelabrum, $ ..... Candles, $		3
Door Spray, $ ..... Gloves, $		14
Funeral Car, $ ..... Ambulance, $		45 50
Limousines to Cemetery ..... @ $		4
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Balance ..... $		

Miscellaneous.....

.....

12-29-54 Statement

Entered into Ledger, page .....or below.

Miscellaneous.....

.....

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$	Jan 21, 55	By Payment	$ 16 43	$
	" "	$	$	Feb 22, 55	" "	$ 50 —	$
	" "	$	$	Mar 26, 1955	" on acct	$ 50 —	$
	" "	$	$	April 25, 55	" "	$ 50 —	$
	" "	$	$	May 29, 55	" "	$ 50 —	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within .....days from date. Interest to accrue from maturity at the rate of .....% per annum.

Signed .....

Witness..... Address.....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Dec 24 19 54

Name of Deceased Andrew Mathieu W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 1870 Thornberry Rd. Sonoma ☐Husband ☐Wife ☐Widow of Marie I.

Age of Husband or Wife (if living)..... Years

Charge to Mrs. Marie I. Mathieu

Address Above -

Order given by (or informant)

How Secured

If Veteran, Name of War W.W. I

Occupation Ret. Moulder (Social Security Number)

Employer and Address

Date of Death Dec 21, 1954 9:40 P. (Mo.) (Day) (Yr.) (Hour)

Date of Birth May 1, 1888 Age 66 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Francis (Address)

Clergyman

Religion of the Deceased Catholic

place France

ed in the State (or U. S. or City or County) (Years) (Months)

of Death District Hospital

Complete Funeral (except outlays) 1970	$	828 —
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		460
Suit or Dress (State Kind and Color)		3
Slippers, $ ... Hose, $		1380
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
...d District) No.		
...Coroner's) ...pel, $		
... $		
...ng, $		
...ault, $		
...ce, $		
...nist, $		
...rice, $		
...es		
...ges		15 —
...ers		
(Names of Newspapers)		11 34
Local		3 61
Democrat		5 00
...ax		12 65
...ooting of Bill ... Card of Thanks	$	87 5 60 1 00
... Special Disc. from	$	
Balance	$	876 60

Miscellaneous 1-5-55 Filed Gov'ment

Entered into Ledger, page .....or below.

Miscellaneous

	Amount Paid		Balance		Date			Amount Paid		Balance	
alance			$				To Balance Forward			$	
	$		$				By Payment	$		$	
	$		$				" "Eagles	$		$	
	$		$		Jan 17, 1955		" Eagles	$ 100	—	$	
	$		$		Jan 24		Ongaro	$ 626	60	$	
	$		$		Feb 17, 1955		Gov'ment	$ 150	00	$	

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Revised by W. W. Feineman, Long Beach, California

Dec 22 19 54 NO. 07348

RECEIVED FROM Bates & Evans Fun. Dirs.

Charge Papers & Letter from DOLLARS

A. Mathieu (Deceased)

Grave 4552 Row 21 Sect. Q

Reserved Space

Grave 4553 Sect. Q

A. Mathieu

FORM NO. 55

MATHIEU—In Sonoma, Calif., December 21, 1954, Andrew E. Mathieu, dearly beloved husband of Mrs. Marie I. Mathieu of Sonoma, beloved father of Mrs. Irene Guiral of S. F. and Eugene A. Mathieu of Sonoma, adored grandfather of Edmond and Denise Guiral of S. F. and Jonathan Mathieu of Sonoma, loving brother of Henri Mathieu of France; a native of France, aged 66 years. A member of Petaluma Eagles Lodge Aerie No. 333 and Jack London Post, American Legion, Sonoma. A veteran of World War I.

Friends are invited to attend the funeral services Friday, December 24, at 8:30 a. m., at the Chapel of Bates & Evans, Sonoma, Calif., thence to St. Francis Solano Church where a Requiem Mass will be offered for the repose of his soul commencing at 9:00 a. m. Interment, Golden Gate National Cemetery, San Bruno, Friday, 11:30 a. m. Rosary will be recited Thursday evening at 8:00 o'clock. (Contributions to the New Sonoma District Hospital Fund preferred.)

74

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Dec. 17 1954

Name of Deceased Dollie Baum W.

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence Boyes Hot Springs ☐Husband ☐Wife ☐Widow } John Baum 96
or..... of } Age of Husband or Wife (if living)..... Years

Charge to Ray M. Loper

Address P.O. Box 98 Boyes Spring

Order given by (or informant)

How Secured $50 Per Month

If Veteran, Name of War

Occupation at Home (Social Security Number)

Employer and Address

Date of Death 12-17-54 11:AM (Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct. 18 1858 Age 96 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Ralph Richardson (Address)

Religion of the Deceased

Birthplace Mich.

Resided in the ~~State~~ Valley 9 (or U. S. or C

Place of Death Sonoma

Cause of Death uremia

Contributory Causes A. S.

.....

Certifying Physician Rawson

His Address: Co. Hos.

Name of Father William

His Birthplace Unk.

Maiden Name of Mother

Her Birthplace Ill.

Date of Funeral 12-19-54 (Date) (Di

Motor / Ship } Remains to

Size of Casket 6/3 #98 Me (Stat

Manufactured by Golden S

~~Cemetery~~ / Crematory } Chapel of T

Diagram of Lot or Vault

Complete Funeral (except outlays) $	
Casket	283 —
Burial Vault or Box (State Kind)	
Embalming Body (Name of Embalmer)	
Barber, $ Hair Dressing, $	
Dressing Body, $ Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ Hose, $	
Folding Chairs, $ Tarpaulin, $	
Candelabrum, $ Candles, $	14 50 3
Door Spray, $ Gloves, $	1 —
Funeral Car, $ Ambulance, $	45 50
Limousines to Cemetery @ $	4 2
Extra Limousines @ $	4
Autos to R. R. Station @ $	
Getting Remains from	

Miscellaneous

12-29-54 Statement

Balance

Entered into Ledger, page ..... or below.

Miscellaneous

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$	Jan 21, 55	By Payment	$ 166 43	$
	" "	$	$	Feb. 22, 55	" "	$ 50 —	$
	" "	$	$	Mar. 26, 1955	" on acct	$ 50 —	$
	" "	$	$	April 25, 55	" "	$ 50 —	$
	" "	$	$	May 29, 55	" "	$ 50 —	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No.......... Yearly No. ...... Date of Entry Dec 21 19 54

Name of Deceased Andrew Mathieu W (What Race)

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 1870 Thornsberry Rd. Sonoma ☐Husband ☐Wife ☐Widow or of Marie I. Age of Husband or Wife (if living)........Years

Charge to Mrs Marie I. Mathieu

Address Above –

Order given by.......... (or informant)

How Secured..........

If Veteran, Name of War W.W.I

Occupation Ret. moulder (Social Security Number)

Employer and Address..........

Date of Death Dec 21, 1954 9:40 P. (Mo.) (Day) (Yr.) (Hour)

Date of Birth May 1, 1888 Age 66 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Francis (Address)

Clergyman..........

Religion of the Deceased Catholic

...place France

...ed in the State.......... (or U. S. or City or County) (Years) (Months)

... of Death District Hospital

Complete Funeral 920.00 – Special disc 1.0	
Complete Funeral (except outlays) 1.070 $	828 –
Casket	
Burial Vault or Box (State Kind)	
Embalming Body (Name of Embalmer)	
Barber, $.......... Hair Dressing, $..........	
Dressing Body, $.......... Underwear, $..........	460
Suit or Dress (State Kind and Color)	3
Slippers, $.......... Hose, $..........	1380
Folding Chairs, $.......... Tarpaulin, $..........	
Candelabrum, $.......... Candles, $..........	
Door Spray, $.......... Gloves, $..........	
Funeral Car, $.......... Ambulance, $..........	
Limousines to Cemetery.......... @ $	
Extra Limousines.......... @ $	
Autos to R. R. Station.......... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
...d District)	
...No.	
...Coroner's)	
...pel, $	
$	
...ng, $	
...ault, $	
...ce, $	
...ist, $	
...ice, $	
...es	
...ges	
...al	15 –
...ers	
...Chronicle –	11 34
(Names of Newspapers) Local	3 61
Democrat	5 00
Sales Tax	12 65
Total Footing of Bill	875 60
Less: Special Disc. Given Card of Thanks $	1 00
Balance $	876 60

Entered into Ledger, page......or below.

Miscellaneous..........

Dec 22 1954 NO. 07348

...CEIVED FROM Bates & Evans Fun. Dirs.

...charge Papers & Letter from DOLLARS

...rican Legion – belonging to Andrew Mathieu (deceased)

HOW PAID BALANCE DUE

Marie Mathieu Wife

SUNSET-MCKEE CO. OAKLAND LOS ANGELES FORM NO. 55

...tory ...

Grave 4552 Row 21 Section Q
Reserved for wife
Grave 4553 Sect Q

Diagram of Lot or Vault

Lot No..........
Grave No..........
Section No..........
Block No..........
Owner..........

Miscellaneous.......... 1-5-55 Filed Gov'ment

MATHIEU—In Sonoma, Calif., December 21, 1954, Andrew E. Mathieu, dearly beloved husband of Mrs. Marie I. Mathieu of Sonoma, beloved father of Mrs. Irene Guiral of S. F. and Eugene A. Mathieu of Sonoma, adored grandfather of Edmond and Denise Guiral of S. F. and Jonathan Mathieu of Sonoma, loving brother of Henri Mathieu of France; a native of France, aged 66 years. A member of Petaluma Eagles Lodge Aerie No. 333 and Jack London Post, American Legion, Sonoma. A veteran of World War I.

Friends are invited to attend the funeral services Friday, December 24, at 8:30 a. m., at the Chapel of Bates & Evans, Sonoma, Calif., thence to St. Francis Solano Church where a Requiem Mass will be offered for the repose of his soul commencing at 9:00 a. m. Interment, Golden Gate National Cemetery, San Bruno, Friday, 11:30 a. m. Rosary will be recited Thursday evening at 8:00 o'clock. (Contributions to the New Sonoma District Hospital Fund preferred.)

...	Amount Paid	Balance	Date		Amount Paid	Balance
...alance		$		To Balance Forward		$
	$	$		By Payment	$	$
	$	$		" "	$	$
	$	$	Jan 17, 1955	Eagles	$ 100 –	$
	$	$	Jan 24	On acct.	$ 626 60	$
	$	$	Feb 17, 1955	Gov'ment	$ 150 00	$

Insurance $.......... Names of Lodges.......... Insurance Companies..........

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to .... (Firm Name of Funeral Directors.) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..........days from date. Interest to accrue from maturity at the rate of..........% per annum.

Signed..........

Witness.......... Address..........

74

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Dec. 17 1954

Name of Deceased Dollie Baum W.

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence Boyes Hot Springs ☐Husband ☐Wife ☐Widow } John Baum 96

Charge to Ray M. Loper or ..... of } Age of Husband or Wife (if living) ..... Years

Address P.O. Box 98 Boyes Spring

Order given by ..... (or informant)

How Secured $50 Per Month

If Veteran, Name of War .....

Occupation at Home (Social Security Number)

Employer and Address .....

Date of Death 12-17-54 11:AM (Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct. 18 1858 Age 96 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Ralph Richardson (Address)

Religion of the Deceased .....

Birthplace Mich

Resided in the ~~State~~ Valley (or U. S. or

Place of Death Sonoma

Cause of Death uremia

Contributory Causes A. S.

.....

Certifying Physician Rawson

His Address: Co. Hos.

Name of Father William

His Birthplace Unk

Maiden Name of Mother .....

Her Birthplace Ill

Date of Funeral 12-19-54 (Date) (D

Motor / Ship } Remains to .....

Size of Casket 6/3 #98 St (Stat

Manufactured by Golden

~~Cemetery~~ / Crematory } Chapel of T

Diagram of Lot or Vault

Complete Funeral (except outlays) $		
Casket	283	—
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		14 50 3
Door Spray, $ ..... Gloves, $		1 —
Funeral Car, $ ..... Ambulance, $		45
Limousines to Cemetery ..... @ $		4 2
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		

Miscellaneous .....

12-29-54 Statement

Entered into Ledger, page ..... or below.

Miscellaneous .....

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
Jan. 21, 55	By Payment	$ 166 43	$
Feb. 22, 55	" "	$ 50 —	$
Mar. 26, 1955	" on acct	$ 50 —	$
April 25, 55	" "	$ 50 —	$
May 29, 55	" "	$ 50 —	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. ..... Yearly No. ..... Date of Entry Dec 21 19 54

Name of Deceased Andrew Mathieu W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 1810 Thornberry Rd. Sonoma ☐Husband ☐Wife ☐Widow of Marie I.

Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Marie I. Mathieu

Address Above -

Order given by ..... (or informant)

How Secured .....

If Veteran, Name of War W.W. I

Occupation Ret. Moulder

(Social Security Number)

Employer and Address .....

Date of Death Dec 21, 1954 9:40 P.
(Mo.) (Day) (Yr.) (Hour)

Date of Birth May 1, 1888 Age 66
(Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Francis

Clergyman ..... (Address)

Religion of the Deceased Catholic

place France

ed in the State ..... (or U.S. or City or County) (Years) (Months)

of Death District Hospital

of Death Pulmocardial failure

ibutory Causes Adenocadcinoma Pancreas

ying Physician Michael N. Mikita M.D.
(or Coroner)

ldress Bayes Hot Springs

of Father Pierre J. Mathieu

rthplace France

Name of Mother Rose

rthplace France

f Funeral Dec 24, Friday 9.9. -M.
(Date) (Day of Week) (Hour)

Remains to .....

Casket Gaylan Metal dealer
(State Color and Number)

ctured by S.F. Casket Co.

} Golden Gate National Cem.

ve 4552 Row 21 Section 9
ved for wife
ve 4553 Lech 9

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Diagram of Lot or Vault

Miscellaneous ..... 1-5-55 Filed Gov'ment

Complete Funeral (except outlays) 1.970	$ 828 —
Casket	
Burial Vault or Box (State Kind)	
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	4 60
Suit or Dress (State Kind and Color)	3
Slippers, $ ..... Hose, $	13 80
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	
Pall Bearer Service, $ .... Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot	
Cremation	
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ .... of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $ ..... Singers, $ .... Organist, $	
Railroad or Motor Tickets, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service Mass	15 —
Outline Death Notices in ..... Papers	
Examiner (Names of Newspapers)	11 34
Local	3 61
Democrat	5 00
	12 65
Sales Tax	
Total Footing of Bill ..... Card of Thanks	$ 87 5 60 / 1 00
Less ... Special Disc. from	$
Balance	$ 87 6 60
Entered into Ledger, page ..... or below.	
Miscellaneous	

MATHIEU—In Sonoma, Calif., December 21, 1954, Andrew E. Mathieu, dearly beloved husband of Mrs. Marie I. Mathieu of Sonoma, beloved father of Mrs. Irene Guiral of S. F. and Eugene A. Mathieu of Sonoma, adored grandfather of Edmond and Denise Guiral of S. F. and Jonathan Mathieu of Sonoma, loving brother of Henri Matnieu of France; a native of France, aged 66 years. A member of Petaluma Eagles Lodge Aerie No. 333 and Jack London Post, American Legion, Sonoma. A veteran of World War I.

Friends are invited to attend the funeral services Friday, December 24, at 8:30 a. m., at the Chapel of Bates & Evans, Sonoma, Calif., thence to St. Francis Solano Church where a Requiem Mass will be offered for the repose of his soul commencing at 9:00 a. m. Interment, Golden Gate National Cemetery, San Bruno, Friday, 11:30 a. m. Rosary will be recited Thursday evening at 8:00 o'clock. (Contributions to the New Sonoma District Hospital Fund preferred.)

	Amount Paid	Balance	Date		Amount Paid	Balance
alance		$		To Balance Forward		$
	$	$		By Payment	$	$
	$	$		"	$	$
	$	$	Jan 17, 1955	"Eagles	$ 100 —	$
	$	$	Jan 24	Orgbeck	$ 626 60	$
	$	$	Feb 17, 1955	Gov'ment	$ 150 00	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Revised by W. W. Feineman, Long Beach, California

76

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Dec 26 19 57

Name of Deceased John Ward Hill W.

☑ Married ☐ Single ☑ Widowed ☐ Divorced (What Race)

Residence R.F.D. 167 Glen Ellen ☐Husband ☐Wife ☐Widow } .....

or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to County

Address.....

Order given by..... (or informant)

How Secured.....

If Veteran, Name of War Unk

Occupation Unk Unk (Social Security Number)

Employer and Address.....

Date of Death Dec 26, 1957 5:05 P. (Mo.) (Day) (Yr.) (Hour)

Date of Birth Nov 21, 1880 Age 74 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Baptist Sonoma (Address)

Religion of the Deceased Prot

Birthplace Texas

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma County Hospital

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician Vernon Silvershield (or Coroner)

His Address Santa Rosa Calif

Name of Father Alvin Hill

His Birthplace Texas

Maiden Name of Mother Amanda Dubstraffe

Her Birthplace Texas

Date of Funeral Dec 30 Thurs 11 A.M. (Date) (Day of Week) (Hour)

Motor Ship } Remains to.....

Size of Casket Covered Chrome (State Color and Number)

Manufactured by Golden State C. Co.

Cemetery Crematory } Chapel of the Chimes S.R.

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Miscellaneous.....

.....

12-30-57 Filed with County Auditor

Complete Funeral (except outlays) ..... $	66	39
Casket.....		
Burial Vault or Box ..... (State Kind)		
Embalming Body ..... (Name of Embalmer)		
Barber, $..... Hair Dressing, $.....		
Dressing Body, $..... Underwear, $.....		
Suit or Dress..... (State Kind and Color)		
Slippers, $..... Hose, $.....		
Folding Chairs, $..... Tarpaulin, $.....		3 50
Candelabrum, $..... Candles, $.....		3 10
Door Spray, $..... Gloves, $.....		7 10
Funeral Car, $..... Ambulance, $.....		10 00
Limousines to Cemetery ..... @ $.....		
Extra Limousines ..... @ $.....		
Autos to R. R. Station ..... @ $.....		
Getting Remains from.....		
Taking Remains to.....		
Trip to Coroner's Inquest		
Delivering Box to.....		
Deliver Flowers to.....		
Removal Charges.....		
Procuring Burial Permit..... (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $..... Use of Chapel, $.....		
Gross Total for Sales Tax..... $		
Outlay for Lot.....		
Cremation.....	20	00
Flowers, $..... Palms, $..... Matting, $.....		
Rental of Tent, $..... of Temporary Vault, $.....		
Opening of Grave or Tomb.....		
Lining Grave, $..... Lowering Device, $.....		
Outlay for Shipping Charges.....		
Clergyman, $..... Singers, $..... Organist, $.....		
Railroad or Motor } Tickets, $..... Aeroplane Service, $.....		
Telegr., Phone, Cable or Radio Charges.....		
Cash Advanced.....		
Out of town Funeral Director's Charges.....		
Personal Service... Organ.....	5	
.....		
....line Death Notices in..... Papers		
..... Notice Local	2	61
..... Rev. Nursing (Names of Newspapers)	5	00
.....		
Sales Tax.....	1	00
Total Footing of Bill..... $	101	00
Less..... $		
Balance..... $		
Entered into Ledger, page..... or below.		
Miscellaneous.....		

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$	Jan 19, 1958	In full	$ 101 —	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Dec 26 1954

Name of Deceased Infant Son Carroll W. Marsh Jr. W.

☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence P.O. Bx 366 Sonoma, Calif. ☐Husband ☐Wife ☐Widow } or..... of } Age of Husband or Wife (if living)..... Years

Charge to Carroll W. Marsh

Address Above

Order given by..... (or informant)

How Secured.....

If Veteran, Name of War No

Occupation None (Social Security Number) none

Employer and Address.....

Date of Death Dec 26 1954 11:20 P. (Mo.) (Day) (Yr.) (Hour)

Date of Birth Dec 26, 1954 Age 1 min (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at None

Clergyman None (Address)

Religion of the Deceased Prot.

Birthplace California

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma District Hospital

Cause of Death Prematurity (5 mo.)

Contributory Causes.....

.....

Certifying Physician A. K. McGrath MD (or Coroner)

His Address Sonoma, Calif

Name of Father Carroll W. Marsh

His Birthplace Calif

Maiden Name of Mother Beverly June Narbaugh

Her Birthplace Calif

Date of Funeral None M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to.....

Size of Casket Bates & Evans Special (State Color and Number)

Manufactured by.....

Cemetery / Crematory } Chapel of the Chimes

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Miscellaneous.....

.....

.....

Complete Funeral (except outlays)	$
Casket	No charge
Burial Vault or Box (State Kind)	
Embalming Body (Name of Embalmer)	
Barber, $..... Hair Dressing, $	
Dressing Body, $..... Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $..... Hose, $	
Folding Chairs, $..... Tarpaulin, $	
Candelabrum, $..... Candles, $	
Door Spray, $..... Gloves, $	
Funeral Car, $..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)	
Pall Bearer Service, $.... Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot Babyland	12 50
Cremation	10 —
Flowers, $..... Palms, $..... Matting, $	
Rental of Tent, $.... of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $..... Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $..... Singers, $.... Organist, $	
Railroad / or Motor } Tickets, $..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
.....line Death Notices in..... Papers (Names of Newspapers)	
Sales Tax	
Total Footing of Bill	$ 22 50
Less	$
Balance	$
Entered into Ledger, page.....or below.	

Miscellaneous.....

.....

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$	Dec 31	In full	$ 22 50	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Revised by W. W. Feineman, Long Beach, California

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RECORD OF FUNERAL

Total No..... Yearly No. 0 Date of Entry Dec 28 19 54

Name of Deceased Lloyd H. Toland W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 800 Broadway Sonoma ☐Husband ☐Wife ☐Widow } Mary Jane

or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to R. L. Almquist - Son-in-law.

Address 353 - Hyacinth Way San Rafael

Order given by ..... (or informant)

How Secured .....

If Veteran, Name of War No

Occupation Salesman Auto - X (Social Security Number)

Employer and Address .....

Date of Death Dec 27, 1954 5:45 P (Mo.) (Day) (Yr.) (Hour)

Date of Birth Aug 13, 1892 Age 62 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev. Richardson Sonoma (Address)

Religion of the Deceased Prot.

Birthplace Cedar Rapids, Nebraska

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma District Hospital

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician Robert L. Mollenhauer MD (or Coroner)

His Address Sonoma, Caly -

Name of Father Alonzo Toland

His Birthplace In Iowa

Maiden Name of Mother Edith Outhwaite

Her Birthplace Neb -

Date of Funeral Dec 28, Tue 2 P. M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

Size of Casket 0 #30 Flat Top (State Color and Number)

Manufactured by Golden Rod

Cemetery / Crematory } Chapel of the Chimes S.R.

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner .....

Miscellaneous.....

.....

.....

Complete Funeral (except outlays)	$	160 -
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		80 3 / 4 40
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation ..... & permit		45 50
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service Organ - Marriage		5 -
Rev. Richardson		10 -
... line Death Notices in ..... Papers (Names of Newspapers)		
Sales Tax		2 40
Total Footing of Bill	$	222 90
Less	$	
Balance	$	
Entered into Ledger, page ..... or below.		
Miscellaneous		

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$		By Payment	$	$
	" "	$	$	Dec 27 54	R. L. Almquist	$222 90	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Dec 29 1954

Name of Deceased Catherine Lembeye (What Race) W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 424 2nd St. West Sonoma ☐Husband ☐Wife ☐Widow of Pierre

Age of Husband or Wife (if living)..... Years

Charge to Pierre Lembeye

Address Above

Order given by..... (or informant)

How Secured.....

If Veteran, Name of War No.

Occupation At home No. (Social Security Number)

Employer and Address.....

Date of Death Dec 29, 1954 9:30 P. (Mo.) (Day) (Yr.) (Hour)

Date of Birth Dec 18, 1886 Age 68 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Frances

Clergyman..... (Address)

Religion of the Deceased Catholic

Birthplace France

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician Carroll B. Andrews M.D. (or Coroner)

His Address Sonoma, Caly.

Name of Father Pierre Frisbee

His Birthplace France

Maiden Name of Mother Marie Unk.

Her Birthplace France

Date of Funeral Dec 30, 1954 9:30 A.M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to.....

Size of Casket #80 Flat Top (State Color and Number)

Manufactured by Golden State Casket Co.

Cemetery / Crematory } Mt. Cemetery Sonoma

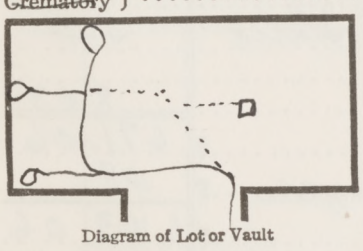

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Miscellaneous.....

4-5-55 Statement

Complete Funeral (except outlays)	$	145 —
Casket		
Burial Vault or Box (State Kind)		15 —
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $..... Hose, $		7.50
Folding Chairs, $..... Tarpaulin, $		15
Candelabrum, $..... Candles, $		87.50
Door Spray, $..... Gloves, $		3
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		26.50
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		5 00
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb		60 —
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $		
Railroad / or Motor } Tickets, $..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service Mass		15 —
....line Death Notices in..... Papers		
Local (Names of Newspapers)		3.61
Sales Tax		2.53
Total Footing of Bill	$	246 14
Less	$	
Balance	$	
Entered into Ledger, page.....or below.		

Miscellaneous.....

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
Sept 1, 1955	" In full	$246 14	$
	"	$	$
	" "	$	$
	" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Revised by W. W. Feineman, Long Beach, California

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Dec 29 19 54

Name of Deceased Andrea Barrachi W

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence 427 - 2nd St. West Sonoma ☐Husband ☐Wife ☐Widow } or..... of } Age of Husband or Wife (if living)..... Years

Charge to Andy Barrachi, Son -, Mrs. Ang. Picetti daughter

Address. Sonoma

Order given by..... (or informant)

How Secured.....

If Veteran, Name of War no

Occupation Ret. Laborer no (Social Security Number)

Employer and Address .....

Date of Death Dec (Mo.) 29 (Day) 1954 (Yr.) - 3:30 P (Hour)

Date of Birth April (Mo.) 6, (Day) 1871 (Yr.) Age 83 (Yrs.) (Mos.) (Days)

Services at St. Francis Solano -

Clergyman..... (Address)

Religion of the Deceased. Catholic

Birthplace Italy -

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death District Hospital

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician A. K. McGrath M.D. (or Coroner)

His Address Sonoma, Cal -

Name of Father. - Barrachi

His Birthplace Italy

Maiden Name of Mother. -

Her Birthplace Italy

Date of Funeral. Dec (Date) 31 Fri (Day of Week) 11:30 A.M. (Hour)

Motor Ship } Remains to.....

Size of Casket. Golden Gate H.P. (State Color and Number)

Manufactured by. Golden Gate Casket Co.

Cemetery Crematory } Mt. Cemetery Sonoma

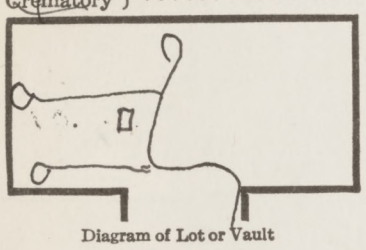

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Miscellaneous.....

.....

Complete Funeral (except outlays)	$	
Casket		545 —
Burial Vault or Box (State Kind)		15 —
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		27 50
Folding Chairs, $ ..... Tarpaulin, $		15
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		28 50 3
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		8 62 50
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		5 —
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		60 —
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service Mass		15 —
Organ Mayencen		5 00
....line Death Notices in Local Papers		9 61
Examiner		8-82
(Names of Newspapers) L'Italia		5 00
Sales Tax		8 63
Total Footing of Bill	$	671 06
Less 28.00 - 30 days	$	28
Balance	$	643 06

Entered into Ledger, page.....or below.

Miscellaneous.....

.....

BARRACHI—In Sonoma, Calif., December 29, 1954, Andrea Barrachi, dearly beloved father of Antone and Andrea Barrachi, Mrs. Ang Picetti of Sonoma, Mrs. Louise Rickerts of Redwood City and the late Raymond Barrachi, adored grandfather of Beverly Schuman, Ronald Rickerts, Robert Picetti, Phyllis and Andrew Barrachi, and the late Victor Picetti; a native of Italy, aged 83 years.

Friends are invited to attend the funeral services Friday, December 31, at 11 a. m., at the Chapel of Bates & Evans, Sonoma, Calif., thence to St. Francis Solano Church, where Requiem Mass will be offered for the repose of his soul, commencing at 11:30 a. m. Interment, Mountain Cemetery, Sonoma. Rosary will be recited Thursday evening at 8:15.

	Amount Paid	Balance	Date		Amount Paid	Balance
		$		To Balance Forward		$
	$	$	Jan 14 1955	By Payment In full	$ 643 06	$
	$	$		By Mrs Picetti	$	$
	$	$		" "	$	$
	$	$		" "	$	$
	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2 Yearly No. ..... Date of Entry Dec 29 19 54

Name of Deceased Glenn Allen Anderson W.

☐ Married ☑ Single ☐ Widowed ☐ Divorced (What Race)

Residence 22275 Arnold Dr. Sonoma ☐Husband ☐Wife ☐Widow } ..... or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Frank R. Anderson - Father

Address Abalone

Order given by ..... (or informant)

How Secured .....

If Veteran, Name of War No.

...ao. ...
...ity Number)

10:30 P.
(Hour)

...os.) (Days)

...and ...

...) (Months)

...ar)
...na Center

...hurch

...erson

...Stefanic

9:30 A.M.
(Hour)

...P.

...Co.

Cemetery / Crematory } Catholic Cemetery - Sonoma

Lot No. .....
Grave No. .....
Section No. .....
Block No. .....
Owner .....

Diagram of Lot or Vault

Miscellaneous .....

.....

.....

Complete Funeral (except outlays)	$ 717
Casket	
Burial Vault or Box ... Steele (State Kind)	175 —
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit ~~or Dress~~ Shirt & Tie (State Kind and Color)	27 24
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	35850
Door Spray, $ ..... Gloves, $	3
Funeral Car, $ ..... Ambulance, $	175
Limousines to Cemetery ..... @ $	35
Extra Limousines ..... @ $	35850
Autos to R. R. Station ..... @ $	3
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	16750
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)	
Pall Bearer Service, $ .... Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot .... 4 Graves @ 50	200 00
Cremation	
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ .... of Temporary Vault, $	
Opening of Grave or Tomb	25 00
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $ ..... Singers, $ .... Organist, $	
Railroad or Motor } Tickets, $ ..... Aeroplane } Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service ..... Mass	15 —
....line Death Notices in ..... Papers ..... Local - Pasted (Names of Newspapers)	3 61
Sales Tax	16 01
Total Footing of Bill	$ 1178 86
Less 44.60 - 30 days.	$ 1
Balance	$ 1179 86
	44 40
Entered into Ledger, page ..... or below.	
Miscellaneous	1135 26

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$	Jan 17, 58	In full	$ 1135 26	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Revised by W. W. Feineman, Long Beach, California

Date 12/30 19

Name Bates + Evans

Address Funeral

	ACCOUNT FORWARDED		
1	Coat	15	98
2	Slacks	7	98
3		23	96
4			
5	Tx		72
6		24	68
7	1 Shirt	2	49
8			07
9		#	27 24
10	Appeal		
11			
12			
13	Chg		
14			
15	16		

K 176 SUNSET BUSINESS FORMS OAKLAND LOS ANGELES

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Dec 29 19 54

Name of Deceased Andrea Barrachi W

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence 427 - 2nd St. West Sonoma ☐Husband ☐Wife ☐Widow } or..... of } Age of Husband or Wife (if living)..... Years

Charge to Andy Barrachi, son - Mrs. Ang Picetti daughter

Address. Sonoma

Order given by..... (or informant)

How Secured.....

If Veteran, Name of War No

Occupation Ret. Laborer No. (Social Security Number)

Employer and Address .....

Date of Death Dec (Mo.) 29 (Day) 1954 (Yr.) - 3:30 P. (Hour)

Date of Birth April (Mo.) 6, (Day) 1871 (Yr.) Age 83 (Yrs.) (Mos.) (Days)

Services at St. Francis Solano

Clergyman..... (Address)

Religion of the Deceased. Catholic

Birthplace Italy

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death District Hospital

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician A. K. McGrath M.D. (or Coroner)

His Address Sonoma, Cal.

Name of Father. Barrachi

His Birthplace Italy

Maiden Name of Mother.

Her Birthplace Italy

Date of Funeral. Dec (Date) 31 Fri (Day of Week) 11:30 A.M. (Hour)

Motor / Ship } Remains to.....

Size of Casket Golden Gate N.P. (State Color and Number)

Manufactured by Golden Gate Casket Co.

Cemetery / Crematory } Mt. Cemetery Sonoma

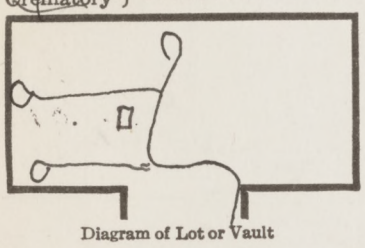

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Miscellaneous.....

.....

Complete Funeral (except outlays) ..... $		
Casket	545	—
Burial Vault or Box ..... (State Kind)	15	—
Embalming Body ..... (Name of Embalmer)		
Barber, $..... Hair Dressing, $.....		
Dressing Body, $..... Underwear, $.....		
Suit or Dress ..... (State Kind and Color)		
Slippers, $..... Hose, $.....		
Folding Chairs, $..... Tarpaulin, $.....		
Candelabrum, $..... Candles, $.....		
Door Spray, $ ..... Gloves, $.....		
Funeral Car, $..... Ambulance, $.....		
Limousines to Cemetery ..... @ $.....		
Extra Limousines ..... @ $.....		
Autos to R. R. Station ..... @ $.....		
Getting Remains from.....		
Taking Remains to.....		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to.....		
Removal Charges.....		
Procuring Burial Permit..... (State Number and D		
___Certif. Copies of Death Certificates No. (State Physician's or Cor		
Pall Bearer Service, $.... Use of Chapel		
Gross Total for Sales Tax.....		
Outlay for Lot.....		
Cremation.....		
Flowers, $.....Palms, $.....Mattin		
Rental of Tent, $....of Temporary V		
Opening of Grave or Tomb.....		
Lining Grave, $.....Lowering Dev		
Outlay for Shipping Charges.....		
Clergyman, $.....Singers, $....Org		
Railroad / or Motor } Tickets, $..... Aero-plane S		
Telegr., Phone, Cable or Radio Cha		
Cash Advanced.....		
Out of town Funeral Director's Ch		
Personal Service..... Mass		
Organ Mayencei	5	
....line Death Notices in Posted Papers	3	61
Examiner	8	82
(Names of Newspapers) L'Italia	5	20
.....		
.....		
Sales Tax	8	63
Total Footing of Bill ..... $	671	06
Less 28.00 - 30 days ..... $	28	
Balance..... $	643	06
Entered into Ledger, page.....or below.		

Miscellaneous.....

.....

BARRACHI—In Sonoma, Calif., December 29, 1954, Andrea Barrachi, dearly beloved father of Antone and Andrea Barrachi, Mrs. Ang Picetti of Sonoma, Mrs. Louise Rickerts of Redwood City and the late Raymond Barrachi, adored grandfather of Beverly Schuman, Ronald Rickerts, Robert Picetti, Phyllis and Andrew Barrachi, and the late Victor Picetti; a native of Italy, aged 83 years.

Friends are invited to attend the funeral services Friday, December 31, at 11 a. m., at the Chapel of Bates & Evans, Sonoma, Calif., thence to St. Francis Solano Church, where Requiem Mass will be offered for the repose of his soul, commencing at 11:30 a. m. Interment, Mountain Cemetery, Sonoma. Rosary will be recited Thursday evening at 8:15.

	Amount Paid		Balance		Date		Amount Paid		Balance	
			$			To Balance Forward			$	
	$		$			By Payment in full	$ 643	06	$	
	$		$		Jan 14 1955				$	
	$		$		By Mrs Picetti				$	
	$		$			" "			$	
	$		$			" "			$	

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 1 Yearly No. ..... Date of Entry Dec 29 1954

Name of Deceased Glenn Allen Anderson W

☐ Married ☑ Single ☐ Widowed ☐ Divorced (What Race)

Residence 22275 Arnold Dr. Sonoma ☐Husband ☐Wife ☐Widow or ..... of ..... Age of Husband or Wife (if living) ..... Years

Charge to Frank R. Anderson - Father

Address Abalone

Order given by ..... (or informant)

How Secured .....

If Veteran, Name of War No.

on School Boy no. (Social Security Number)

r and Address .....

Death Dec. (Mo.) 29, (Day) 1954 (Yr.) 10:30 P. (Hour)

Birth Dec. (Mo.) 23 (Day) 1941 (Yr.) Age 13 (Yrs.) (Mos.) (Days)

at St. Francis Solano

nan .....

n of the Deceased Catholic (Address)

lace Nevada City Calif.

d in the State .....

of Death Highway - Arnold Dr. - Near Sonoma Center (or U. S. or City or County) (Years) (Months)

of Death .....

ributory Causes .....

.....

ifying Physician Vernon Silvershield (or Coroner)

Address Santa Rosa Calif.

ne of Father Frank R. Anderson

Birthplace .....

aiden Name of Mother Katherine J. Stefanic

er Birthplace .....

ate of Funeral Jan. 3, (Date) Monday, (Day of Week) 9:30 A.M. (Hour)

otor / ip } Remains to .....

ize of Casket Polished Wood H.P. (State Color and Number)

Manufactured by West Coast C. Co.

Cemetery / Crematory } Catholic Cemetery - Sonoma

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

.....

.....

Complete Funeral (except outlays)	$	717
Casket		
Burial Vault or Box ... Steele (State Kind)		175 -
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit ~~or Dress~~ Shirt & Tie (State Kind and Color)		27 24
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		35 50
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		175
Limousines to Cemetery ..... @ $		35
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		35 50 3
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		16 50
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot .... 4 Graves @ 50.00		200 00
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		25 00
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service ..... Mass		15 -
....line Death Notices in ..... Papers		
..... Local - Pasted (Names of Newspapers)		3 61
Sales Tax		16 01
Total Footing of Bill	$	1178 86
Less 44.60 - 30 days.	$	1
Balance	$	1179 86
Entered into Ledger, page ..... or below.		44 60
Miscellaneous		1135 26

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$	Jan 17, 55	By Payment In full	$ 1135 26	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Revised by W. W. Feineman, Long Beach, California

82

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry January 2 1955

Name of Deceased Rosina Vernon W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: P.O. Box 3 - Vineburg Cal. ☐Husband ☐Wife ☐Widow of Ren A.

Charge to: Ren A. Vernon Age of Husband or Wife (if living)..... Years

Address... Arbane

Order given by Mrs Margaret E. Bartlett (daughter)
(or informant)

How Secured:

If Veteran, Name of War No:

Occupation At home 557-26-2996 (Social Security Number)

Employer and Address

Date of Death Jan 2, 1955 3:30 P.
(Mo.) (Day) (Yr.) (Hour)

Complete Funeral (except outlays)	$	485 —
Casket		
Burial Vault or Box (State Kind)		25 —
Embalming Body (Name of Embalmer)		24 50
Barber, $ ... Hair Dressing, $		2 —
Dressing Body, $ ... Underwear, $		3 50
Suit or Dress (State Kind and Color)		3
Slippers, $ ... Hose, $		8 02 50
Folding Chairs, $ ... Tarpaulin, $		8.02
Candelabrum, $ ... Candles, $		
...Gloves, $		
...nbulance, $		
....@ $		
....@ $		
....@ $		
...es to Eureka		21 20
(State Number and District)		
...Certificates No.		
(Name Physician's or Coroner's)		
...Use of Chapel, $		
...ecretary Chgs.	$	114
....Matting, $		137 85
...mporary Vault, $		
...b		
...vering Device, $		
...ges		
$....Organist, $		
Aero-plane Service, $		
...adio Charges		
...ctor's Charges		
...7 c/c		2 00
...Papers		
...ted		3 6 1
(papers) ...St. Issues		
		8.03
Total Footing of Bill	$	794 69
Less 25 50	$	25 50
Balance	$	769 19

Entered into Ledger, page.....or below.

Miscellaneous

Miscellaneous.....

.....

.....

Diagram of Lot or Vault

Block No.....

Owner.....

Bates & Evans
FUNERAL DIRECTORS
SONOMA, CALIFORNIA

January 8 1955

Received of Bates & Evans

Two Yellow White Stone Rings ~~Dollars~~

~~To apply on account of~~

2 Rings effects ~~Deceased~~

of Mrs Rosina Vernon

$..... Balance Margaret E. Bartlett daughter.

BATES & EVANS

By.....

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$ 300	$
	" "	$	$	Jan 17	Paid on acct	$ 469 19	$
	" "	$	$	17	In full	$	$
	" "	$	$		"	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness.....

Address.....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry January 11 19 55

Name of Deceased Anna Wilmot W.

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence 218 70 - 8th St East ☐Husband ☐Wife ☐Widow } .....
or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Frank Knolle

Address Abad -

Order given by ..... (or informant)

How Secured .....

If Veteran, Name of War No

Occupation At home No (Social Security Number)

Employer and Address .....

Date of Death Jan 11, 1955 - 2 P M (Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct 11, 1881 Age 73 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev Marrill (Address)

Religion of the Deceased Prot

Birthplace Holland

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician Benkema (or Coroner)

His Address Sonoma Co. Hospetal

Name of Father Frans L. Knolle

His Birthplace Holland

Maiden Name of Mother Charlotte Elskamp

Her Birthplace Holland

Date of Funeral Jan 13, 1955 2 P M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

Size of Casket Marbleized Oak (State Color and Number)

Manufactured by Golden State Casket Co

Cemetery / Crematory } Chapel of the Chimes

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

1-25-55

Complete Funeral (except outlays)	$ 379	-
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		18950 3 / 5,6850
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation	45	
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service Rev Marrill	10	00
..... line Death Notices in ..... Papers (Names of Newspapers)		
Sales Tax	5	69
Total Footing of Bill	$ 43	69
Less 18 95 - 30 days	$ 18	95
Balance	$ 24	74

Entered into Ledger, page ..... or below.

Miscellaneous .....

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
	" "	$	$
Feb 1 55	" " Dr Full	$ 24 74	$
	" "	$	$
	" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Revised by W. W. Feineman, Long Beach, California

82

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry January 2 1955

Name of Deceased Rosina Vernon (What Race)

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence: P.O. Box 3 - Vineburg Cal. ☐Husband ☐Wife ☐Widow of Ren A. Age of Husband or Wife (if living)..... Years

Charge to: Ren A. Vernon

Address.... Above

Order given by Mrs Margaret E. Bartlett (Daughter) (or informant)

How Secured:

If Veteran, Name of War No.

Occupation At home 557-26-2996 (Social Security Number)

Employer and Address

Date of Death Jan 2, 1955 3:30 P. (Mo.) (Day) (Yr.) (Hour)

of Birth Nov. 11, 1888 Age 66 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

es at Chapel

rman V. F. W. Aux Sonoma (Address)

on of the Deceased Brat

lace England

d in the State (or U. S. or City or County) (Years) (Months)

of Death Home

of Death

butory Causes

ing Physician G. K. McGrath M.D. (or Coroner)

ldress Sonoma, Caly

of Father William Passey

rthplace England

Name of Mother

rthplace: England

Funeral Jan 5 Wed 2 P. M. (Date) (Day of Week) (Hour)

Remains to

Casket (State Color and Number)

actured by

y Ocean View Cem. Eureka

ry

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Diagram of Lot or Vault

Miscellaneous.....

Complete Funeral (except outlays)	485	—
Casket		
Burial Vault or Box (State Kind)	25	—
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		2.50
Dressing Body, $..... Underwear, $		2.50
Suit or Dress (State Kind and Color)		2.50
Slippers, $..... Hose, $		3
Folding Chairs, $..... Tarpaulin, $		8.02
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges Fares to Eureka	21	20
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $.....		
Gross Total for Sales Tax		
Outlay for Lot Pierce mortuary Chgs.	114	
Cremation		
Flowers, $..... Palms, $..... Matting, $	137	85
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $		
Railroad or Motor Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
....line Death Notices in ..... Papers (Names of Newspapers)	3	6.1
Sales Tax	8	03
Total Footing of Bill	794	69
Less	25	50
Balance	769	19

Entered into Ledger, page .....or below.

Miscellaneous.....

Date		Amount Paid	Balance
	To Above Balance		
	By Payment		
	" "		
	" "		
	" "		
	" "		

Date		Amount Paid	Balance
	To Balance Forward		
	By Payment	300	
Jan 17	Paid on acct	469 79	
17	In full		
	"		
	" "		

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness.....

Address.....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry January 1, 19 55

Name of Deceased Anna Wilmot W.

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence 2180 - 8th St East ☐Husband ☐Wife ☐Widow

Charge to Frank Knolle or..... of } Age of Husband or Wife (if living)..... Years

Address Ahart -

Order given by..... (or informant)

How Secured.....

If Veteran, Name of War No

Occupation At home No (Social Security Number)

Employer and Address.....

Date of Death Jan 11, 1955 - 2 a m (Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct 11, 1881 Age 73 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev Marrill (Address)

Religion of the Deceased Prot

Birthplace Holland

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician Beukema (or Coroner)

His Address Sonoma Co Hospital

Name of Father Frans L. Knolle

His Birthplace Holland

Maiden Name of Mother Charlotte Elskamp

Her Birthplace Holland

Date of Funeral Jan 13, 1955 2 P M (Date) (Day of Week) (Hour)

Motor / Ship } Remains to.....

Size of Casket Marblend Pearl (State Color and Number)

Manufactured by Golden State Casket Co

Cemetery / Crematory } Chapel of the Chimes

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Miscellaneous.....

1-25-55

Complete Funeral (except outlays)	$ 379	-
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		18 95
Barber, $..... Hair Dressing, $		3
Dressing Body, $..... Underwear, $		5 68 50
Suit or Dress (State Kind and Color)		
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		45
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $		
Railroad / or Motor } Tickets, $..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service Rev Marrill		10 00
....line Death Notices in..... Papers		
(Names of Newspapers)		
Sales Tax		5 69
Total Footing of Bill	$	439 69
Less 18.95 - 30 days	$	18 95
Balance	$	420 74
Entered into Ledger, page.....or below.		

Miscellaneous.....

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
	" "	$	$
Feb 1 55	In full	$ 420 74	$
	" "	$	$
	" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Revised by W. W. Feineman, Long Beach, California

84

RECORD OF FUNERAL

Total No. 1 Yearly No. ..... Date of Entry Jan. 13 1954

Name of Deceased Charman Kittredge London W.

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence: Jack London Ranch Glen Ellen ☐ Husband ☐ Wife ☐ Widow Jack

or ..... of ..... Age of Husband or Wife (if living) ..... Years

Charge to: .....

Address Irving Shepard

Order given by Glen Ellen (or informant)

How Secured: .....

If Veteran, Name of War No.

Occupation Writer No. (Social Security Number)

Employer and Address .....

Date of Death Jan. 12, 1954 9:45 P (Mo.) (Day) (Yr.) (Hour)

Date of Birth Nov. 27, 1871 Age 84 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel of the Chimes

Clergyman Rev. Buttrum Sonoma (Address)

Religion of the Deceased Prot.

Birthplace Wilmington, Cal.

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death Myocardial infarction

Contributory Causes Coronary Occlusion Generalized Arteriosclerosis

Certifying Physician Carroll B. Andrews M.D. (or Coroner)

His Address Sonoma

Name of Father Willard Kittredge

His Birthplace .....

Maiden Name of Mother Clara Wiley

Her Birthplace: .....

Date of Funeral Jan. 14, Sat 11:30 A.M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

Size of Casket Gray H.P. (State Color and Number)

Manufactured by Golden State Casket Co.

Cemetery / Crematory } Chapel of the Chimes

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

2-8-54 Statement

Complete Funeral (except outlays)	$ 406
Casket	
Burial Vault or Box (State Kind)	
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	2 03
Dressing Body, $ ..... Underwear, $	3
Suit or Dress (State Kind and Color)	6 09
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	
Pall Bearer Service, $ .... Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot	
Cremation	45 50
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ .... of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $ ..... Singers, $ .... Organist, $	
Railroad / or Motor } Tickets, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service Rev. Buttrum	10 —
....line Death Notices in ..... Papers	
cancelled (Names of Newspapers)	
Sales Tax	6. 09
Total Footing of Bill	$ 467 59
Less 20 30 30 days	$
Balance	$
Entered into Ledger, page ..... or below.	

Miscellaneous .....

Date	Filed –	Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$	April 18 1954	" Full	$467 59	$
	" "	$	$		"	$	$
	" "	$	$		"	$	$
	" "	$	$		"	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Jan 16 19 55

Name of Deceased Grant Allen

☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence Sonoma State Home ☐Husband ☐Wife ☐Widow

Charge to State Dept of Mental Hygiene or ..... of } Age of Husband or Wife (if living) ..... Years

Address 1320 - K St Sacramento - Guardianship of Grant Allen

Order given by Attn: J. Gordon Hamilton (or Informant)

How Secured By Supt. Ross - State Hospital

If Veteran, Name of War

Occupation None no (Social Security Number)

Employer and Address None

Date of Death Jan 16, 1955 11 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct 12, 1897 Age 57 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev. Dennis Eldridge (Address)

Religion of the Deceased Prot.

Birthplace Oklahoma

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma State Home

Cause of Death Inquest Pending

Contributory Causes

Certifying Physician Verna Schuenhold (or Coroner)

His Address Santa Rosa, Calif

Name of Father William Allen

His Birthplace England

Maiden Name of Mother Anne Janker

Her Birthplace Germany

Date of Funeral Jan 20 Thurs 2 P.M. (Date) (Day of Week) (Hour)

Motor Ship } Remains to

Size of Casket Grey H. P. (State Color and Number)

Manufactured by Golden State Casket Co

Cemetery Crematory } Mt. Cemetery Sonoma

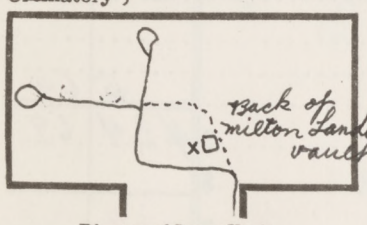

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

from 391.00 - 10.00 minister - Complete Funeral (except outlays)	$	401 00
Casket		
Burial Vault or Box (State Kind)		15
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		20 50 15
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		3 15 50 3
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		1 46 50
Door Spray, $ ..... Gloves, $		6.
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
~~Deliver~~ Flowers ~~to~~		20 60
Removal Charges		
Procuring Burial Permit (State Number and District)		5
___Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		60
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
.... line Death Notices in ..... Papers (Names of Newspapers)		
Sales Tax		6 47
Total Footing of Bill	$	508 07
Less 20 Days	$	20 30
Balance	$	487 77

Entered into Ledger, page ..... or below.

Miscellaneous

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$	Jan 26 55	" " " "	$ 477 77	$
	" "	$	$	Feb 7 55	" J. Schuenhold	$ 10	$
	" "	$	$		"	$	$
	" "	$	$		"	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Revised by W. W. Feineman, Long Beach, California

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry January 19 1955

Name of Deceased Ethel Mae James W.

☐ Married ☐ Single ☐ Widowed ☒ Divorced (What Race)

Residence 2065 Thornsberry Rd. Sonoma ☐Husband ☐Wife ☐Widow } Edward A.

or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to: Edward A. Jarden

Address: Board

Order given by ..... (or informant)

How Secured: .....

If Veteran, Name of War: no

Occupation At home no. (Social Security Number)

Employer and Address .....

Date of Death Jan 19 1955 - 12:05 P. (Mo.) (Day) (Yr.) (Hour)

Date of Birth Aug 3 1872 Age 82 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Deacon (Address)

Religion of the Deceased Prot

Birthplace Canada

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician Robert L. Mallenhauer MD (or Coroner)

His Address Sonoma, Cal

Name of Father — Hazell

His Birthplace .....

Maiden Name of Mother .....

Her Birthplace .....

Date of Funeral Jan 21, Fri. 10:30 A.M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

Size of Casket Marbelend (State Color and Number)

Manufactured by Golden State Casket Co.

Cemetery / Crematory } Tulocay Cemetery Napa

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

.....

1-25-55

Complete Funeral (except outlays)	$ 379	—
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		18 50 3
Dressing Body, $ ..... Underwear, $		18 50
Suit or Dress (State Kind and Color)		56 85
Slippers, $ ..... Hose, $		5 6
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation	50	00
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service Reader - Maree Wilcox by family		
..... line Death Notices in ..... Papers		
(Names of Newspapers)		
Sales Tax	3	69
Total Footing of Bill	$ 434	69
Less 18 95 - 30 days Reader	$	
Balance	$ 10	00
Entered into Ledger, page ..... or below.	444	69
	18	95
Miscellaneous	425	74

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$	Feb 14 In full		$ 425 74	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Jan. 21 19 55

Name of Deceased Gabriel Bak

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race) W.

Residence 130 Grau Ave. El Verano ☐Husband ☐Wife ☐Widow } Senja

Charge to Mrs. Senja Bak or..... of } Age of Husband or Wife (if living)..... Years

Address Abode -

Order given by (or informant)

How Secured

If Veteran, Name of War No.

Occupation Rancher No. (Social Security Number)

Employer and Address

Date of Death Jan. (Mo.) 21 (Day) 1955 (Yr.) 7 a.m. (Hour)

Date of Birth May (Mo.) 25 (Day) 1882 (Yr.) Age 72 (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev. Richardson Sonoma (Address)

Religion of the Deceased Prot.

Birthplace Finland

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death Ventricular fibrulation

Contributory Causes Myocardial infarction Arteriosclerosis

Certifying Physician Paul R. Harrison M.D. (or Coroner)

His Address Sonoma, Calif.

Name of Father Mate Bak

His Birthplace Finland

Maiden Name of Mother Elizabeth Weetalum

Her Birthplace

Date of Funeral Jan. (Date) 22 Sat. (Day of Week) 2 P.M. (Hour)

Motor Ship } Remains to

Size of Casket 556 Grey Arm. (State Color and Number)

Manufactured by S. F. Casket Co.

Cemetery Crematory } Chapel of the Chimes D.R.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$ 225 -
Casket	
Burial Vault or Box (State Kind)	
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	11.50
Dressing Body, $ ..... Underwear, $	3.75
Suit or Dress (State Kind and Color)	3.75
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	
Pall Bearer Service, $ .... Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot	
Cremation	45.50
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ .... of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $ ..... Singers, $ .... Organist, $	
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service Rev. Richardson	10 -
Music - Marenco	5 -
....line Death Notices in ..... Papers (Names of Newspapers)	
Sales Tax	3.38
Total Footing of Bill	$ 288.88
Less 11. 25	11 25
Balance	$ 277.63

Entered into Ledger, page .... or below.

Miscellaneous

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$	Jan 24, 1955	" Jack	$ 277.63	$
	" "	$	$		"	$	$
	" "	$	$		"	$	$
	" "	$	$		"	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Revised by W. W. Feineman, Long Beach, California

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RECORD OF FUNERAL

Total No.... Yearly No.... Date of Entry Jan 22 1955

Name of Deceased Jackson Lee Smith W

☒ Married ☐ Single ☐ Widowed ☒ Divorced (What Race)

Residence: 2116 Ethel Parker Dr. Napa ☐Husband ☐Wife ☐Widow of Billie

Charge to: Billie M. Smith Age of Husband or Wife (if living)..... Years

Address. Above -

Order given by.... (or informant)

How Secured:

If Veteran, Name of War U.S. Marines

Occupation Asst. Mgr. 564-30-9315 (Social Security Number)

Employer and Address Standard Station

Date of Death Jan 22 1955 10:30 P (Mo.) (Day) (Yr.) (Hour)

Date of Birth June 26 1930 Age 24 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev. Richardson Canon (Address)

Religion of the Deceased Prot

Birthplace Twin Falls Idaho

Resided in the State.... (or U. S. or City or County) (Years) (Months)

Place of Death Mount Zion Hospital

Cause of Death Cerebellar Tumor

Contributory Causes....

....

Certifying Physician B. Feinstein MD (or Coroner)

His Address: 516 Sutter St. SF

Name of Father William C. Smith

His Birthplace Kentucky

Maiden Name of Mother Rose J. Hartley

Her Birthplace Missouri

Date of Funeral Jan 25 (Date) Tues (Day of Week) 11 A.M. (Hour)

Motor / Ship } Remains to....

Size of Casket Sutter 24 (State Color and Number)

Manufactured by Sutter Casket Co.

Cemetery / Crematory } Golden Gate National Cem

Lot No....

Grave No....

Section No....

Block No....

Owner....

Diagram of Lot or Vault

Miscellaneous....

2-8-55 Statement

Complete Funeral (except outlays)	473	00
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $.... Hair Dressing, $....		
Dressing Body, $.... Underwear, $....		
Suit or Dress Shirt 2.98 09 24 (State Kind and Color)	3	07
Slippers, $.... Hose, $....		
Folding Chairs, $.... Tarpaulin, $....		
Candelabrum, $.... Candles, $....		
		236 50
		298
		2948
		3
		1844
	5	00
	10	00
	31	61
	7	10
	501 6	78
Balance	507 23	78 65
Miscellaneous	484	13

RECEIVED OF Bates & Evans NO.

$ Jan. 25 1955

Discharge papers, Jackson Lee Smith - (deceased)

X Billie M. Smith wife

DOLLARS 100

Entered into Ledger, page.....or below.

Date		Amount Paid	Balance
	To Above Balance		
	By Payment		
	" "		
	" "		
	" "		
	" "		

Date		Amount Paid	Balance
	To Balance Forward		
	By Payment		
Feb 17	By Hazel "Palmore	334 13	
Mar 8	In full	150	
	" "		

Insurance $.... Names of Lodges.... Insurance Companies....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within....days from date. Interest to accrue from maturity at the rate of....% per annum.

Signed....

Witness.... Address....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Jan 27 1955

Name of Deceased Infant Daughter of Howard W. Castella W.

☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence 292 - 4th St East Sonoma - ☐Husband ☐Wife ☐Widow or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Howard W. Castella

Address a home

Order given by ..... (or informant)

How Secured .....

If Veteran, Name of War no

Occupation no ..... no (Social Security Number)

Employer and Address .....

Date of Death Stillborn (Mo.) (Day) (Yr.) (Hour)

Date of Birth Jan 27 1955 Age (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at no Services

Clergyman ..... (Address)

Religion of the Deceased Prot

Birthplace Sonoma, Calif

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death District Hospital

Cause of Death .....

Contributory Causes R-H- Re-action -

.....

Certifying Physician Robert L. Mollenhauer M.D. (or Coroner)

His Address Sonoma, Calif

Name of Father Howard W. Castella

His Birthplace Minnesota

Maiden Name of Mother Marjorie J. Hughes

Her Birthplace Stephens, Arkansas

Date of Funeral Jan 29, 1955 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

Size of Casket Bates + Evans Special (State Color and Number)

Manufactured by B. + E.

Cemetery / Crematory } Chapel of the Chimes

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner .....

Miscellaneous.....

4-29-55 statement

Complete Funeral (except outlays)	$
Casket	no charge
Burial Vault or Box (State Kind)	
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)	
Pall Bearer Service, $ .... Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot	
Cremation	10.00
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ .... of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $ ..... Singers, $ .... Organist, $	
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
....line Death Notices in ..... Papers (Names of Newspapers)	
Sales Tax	
Total Footing of Bill	$
Less	$
Balance	$
Entered into Ledger, page .....or below.	

Miscellaneous.....

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$ 10	$
	" "	$	$	May 2, 1955	J.M. Full	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within .....days from date. Interest to accrue from maturity at the rate of .....% per annum.

Signed.....

Witness..... Address.....

Revised by W. W. Feineman, Long Beach, California

RECORD

Total No. .... Yearly No. 19 55

Name of Deceased Jackson Lea... W

☒ Married ☐ Single ☐ Widowed ☐ Divor... ...at Race)

Residence: 2116 Ethel Parter Dr. N...

Charge to: Billie M. Smith ... (if living) .... Years

Address. above ... $ 473 .00

Order given by .... (or informant)

How Secured ....

If Veteran, Name of War U.S. Marines

Occupation Asst Mgr. 564-30-931... (Social Security Number) ...4 ... 3.07

Employer and Address Standard Statio...

Date of Death Jan 22, 1955 10:30 P... (Mo.) (Day) (Yr.) (Hour)

Date of Birth June 26, 1930 Age 24 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev. Richardson Donom... (Address)

Religion of the Deceased Prot

Birthplace Twin Falls Idaho

Resided in the State .... (or U. S. or City or County) (Years) (Months)

Place of Death Mount Zion Hospital

Cause of Death Cerebeller Tumor

Contributory Causes ....

Certifying Physician B. Feinstein MD (or Coroner)

His Address: 516 Sutter St. S.F.

Name of Father William C. Smith

His Birthplace Kentucky

Maiden Name of Mother Roma J. Hartley

Her Birthplace: Missouri

Date of Funeral Jan 25 Tue 11 A. M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to ....

Size of Casket Sutter H.P. (State Color and Number)

Manufactured by Sutter Casket Co.

Cemetery / ~~Crematory~~ } Golden Gate National Cem

Diagram of Lot or Vault

Lot No. ....

Grave No. ....

Section No. ....

Block No. ....

Owner ....

Miscellaneous ....

2-8-55 Statement

(Margin calculation: 23650 / 298 / 23948 / 3 / 7.1844)

Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
__Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $.....		
Gross Total for Sales Tax $		
Outlay for Lot		
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $...... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $		
Railroad or Motor } Tickets, $....... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service Organ - Marcucci	5	00
Rev Richardson	10	00
~~Column~~ line Death Notices in ..... Papers		
Local (Names of Newspapers)	3	61
Sales Tax	7	10
Total Footing of Bill $	501	78
Less 23.65 - 30 days $	6	
Balance 6/4/c $	507	78
	23	65
Entered into Ledger, page ..... or below.		
Miscellaneous	484	13

Date			Amount Paid		Balance	
		To Above Balance			$	
		By Payment	$		$	
		" "	$		$	
		" "	$		$	
		" "	$		$	
		" "	$		$	

Date			Amount Paid		Balance	
		To Balance Forward			$	
		By Payment	$		$	
Feb	17, 55	By Hazel Palmore	$ 334	.13	$	
		" "	$		$	
Mar. 8.	55	In full	$ 150	—	$	
		" "	$		$	

Insurance $ .... Names of Lodges .... Insurance Companies ....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to .... (Firm Name of Funeral Directors.) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within .... days from date. Interest to accrue from maturity at the rate of .... % per annum.

Signed ....

Witness .... Address ....

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Jan 27 1955

Name of Deceased Infant Daughter of Howard W. Castella W.

☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence 292 - 4th St East Sonoma - ☐Husband ☐Wife ☐Widow } ..... or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Howard W. Castella

Address a Name

Order given by ..... (or informant)

How Secured .....

If Veteran, Name of War no

Occupation no ..... no (Social Security Number)

Employer and Address .....

Date of Death Stillborn (Mo.) (Day) (Yr.) (Hour)

Date of Birth Jan 27 1955 Age (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at no Services

Clergyman ..... (Address)

Religion of the Deceased Prot

Birthplace Sonoma, Calif

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death District Hospital

Cause of Death .....

Contributory Causes R-H Re-action -

.....

Certifying Physician Robert L. Mollenhauer M.D. (or Coroner)

His Address Sonoma, Calif

Name of Father Howard W. Castella

His Birthplace Minnesota

Maiden Name of Mother Marjorie J. Hughes

Her Birthplace Stephens Arkansas

Date of Funeral Jan. 29, 1955 ..... M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

Size of Casket Bates + Evans Special (State Color and Number)

Manufactured by B. + E.

Cemetery / Crematory } Chapel of the Chimes

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

4-29-55 statement

Complete Funeral (except outlays)	$
Casket	No charge
Burial Vault or Box (State Kind)	
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)	
Pall Bearer Service, $ .... Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot	
Cremation	10.00
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ .... of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $ ..... Singers, $ .... Organist, $	
Railroad / Motor } Tickets, $ ..... Aero-plane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
.... line Death Notices in ..... Papers	
(Names of Newspapers)	
Sales Tax	
Total Footing of Bill	$
Less	$
Balance	$
Entered into Ledger, page ..... or below.	
Miscellaneous	

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$		By Payment	$ 10	$
	" "	$	$	May 2, 1955	" J.N. Full	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. .... Yearly No. .... Date of Entry *Feb 7* 19*55*

Name of Deceased *Rose Kanduth* (What Race) *W*

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence *18985 Carriger Rd. Sonoma* ☐Husband ☐Wife ☐Widow or of *Frank*

Age of Husband or Wife (if living) .... Years

Charge to *Frank Kanduth*

Address *above*

Order given by (or informant) *Elsa Wagner*

How Secured *Doyle Haur*

If Veteran, Name of War *No*

Occupation *None* (Social Security Number) *No*

Employer and Address ....

Date of Death *Feb 7 Mon - 1955 - 9:40 A* (Mo.) (Day) (Yr.) (Hour)

Date of Birth *Dec 22, 1884* (Mo.) (Day) (Yr.) Age *70* (Yrs.) (Mos.) (Days)

Services at *Chapel*

Clergyman *Herman Sons Sonoma* (Address)

Religion of the Deceased *Prot*

Birthplace *Germany*

Resided in the State .... (or U. S. or City or County) (Years) (Months)

Place of Death *Home*

Cause of Death ....

Contributory Causes ....

Certifying Physician (or Coroner) *[illegible]*

His Address *Boyes Springs*

Name of Father *John Wagner*

His Birthplace *Germany*

Maiden Name of Mother *— Schilling*

Her Birthplace *Germany*

Date of Funeral *Feb 9 - Wed 2 P.* M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to ....

Size of Casket (State Color and Number) *Grey ; ch. 19 5½*

Manufactured by *G. State Casket Co.*

Cemetery / Crematory *Mt. Cemetery Sonoma*

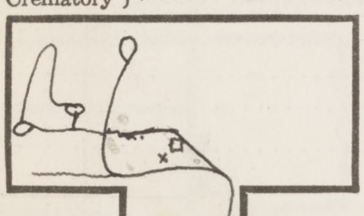

Diagram of Lot or Vault

Lot No. ....

Grave No. ....

Section No. ....

Block No. ....

Owner ....

Miscellaneous ....

Item	$	¢
Complete Funeral (except outlays)	410	
Casket		
Burial Vault or Box (State Kind)	15	
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)	5	
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax		
Outlay for Lot *2 posts*	5	—
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb	60	—
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad or Motor } Tickets, $ ... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service *Herman Sons Service*		
Music Marwell - Dunbar	10	—
... line Death Notices in ... Papers (Names of Newspapers) *Local*	3	61
Examiner	7	14
Sales Tax	6	60
Total Footing of Bill	$522	35
Less *21.25 30 days*	21	25
Balance	$501	10
Entered into Ledger, page ... or below.		

20.5 / 15 / 20.3 / 660

Miscellaneous ....

Date		Amount Paid		Balance		Date			Amount Paid		Balance
				$				To Balance Forward			$
		$		$				By Payment	$		$
		$		$		*Feb 18, 1955*		" *In full*	$*501*	*10*	$
		$		$				" "	$		$
		$		$				" "	$		$
		$		$				" "	$		$

KANDUTH—In Sonoma, Calif., February 7, Rose Kanduth, dearly beloved wife of Frank Kanduth of Sonoma, beloved mother of Richard Wagner of Sonoma, loving sister of Mrs. Emily Weinhold of San Francisco, adored grandmother of Margaret and Dickie Wagner of Sonoma; a native of Germany, aged 70 years. A member of Sonoma Lodge No. 49, Hermann Sons.

Friends are invited to attend the funeral services Wednesday, February 9, at 2 p. m., at the Chapel of Bates & Evans, Sonoma, Calif., under the auspices of Sonoma Lodge No. 49, Hermann Sons. Interment, Mountain Cemetery, Sonoma.

Insurance $ .... Names of Lodges .... Insurance Companies ....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to .... (Firm Name of Funeral Directors.) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within .... days from date. Interest to accrue from maturity at the rate of .... % per annum.

Signed ....

Witness .... Address ....

RECORD OF FUNERAL

Total No. ..... Yearly No. .....

Date of Entry Feb 7 19 55

Name of Deceased Billie Ray King (What Race) W

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 493 E. Mc Arthur Sonoma ☐Husband ☐Wife ☐Widow of .....

Age of Husband or Wife (if living) ..... Years

Charge to Wilfred B. King (father)

Address above

Order given by ..... (or informant)

How Secured .....

If Veteran, Name of War no

Occupation School Boy no (Social Security Number)

Employer and Address .....

Date of Death Feb 7, 1955 4:26 P. (Mo.) (Day) (Yr.) (Hour)

Date of Birth Sept 21, 1939 Age 15 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman A. B. Stuckey (Address)

Religion of the Deceased Prot

Birthplace New Mexico

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death District Hospital

Cause of Death Extensive burns 3rd trunk & upper extremities

Contributory Causes Inhalation of flames

Certifying Physician Ronald Deluenhel (or Coroner)

His Address Santa Rosa, Calif

Name of Father Wilfred B. King

His Birthplace Texas

Maiden Name of Mother Ellen L. Lock

Her Birthplace Kansas

Date of Funeral Feb. 10, Thurs. 2 P. M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

Size of Casket metalic (State Color and Number)

Manufactured by S F Casket Co.

Cemetery / Crematory } Mt. Cemetery Sonoma

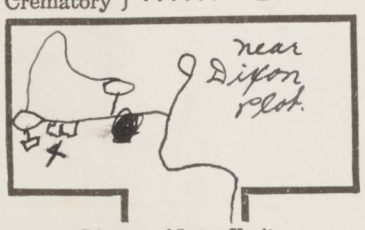

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

Complete Funeral (except outlays)	$ 52 1	
Casket		
Burial Vault or Box (State Kind)	15	-
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		260.50
Dressing Body, $ ..... Underwear, $		15
Suit or Dress (State Kind and Color)		275.50
Slippers, $ ..... Hose, $		3
Folding Chairs, $ ..... Tarpaulin, $		8.26 50
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)	5	-
___Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot 3 Mts	7	50
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb Shelton Reged at M.C.	40	-
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service Minister, themselves		
Music - themselves		
....line Death Notices in ..... Papers		
Local (Names of Newspapers)	3	61
Sales Tax	8	27
Total Footing of Bill	$ 60 0	38
Less 26.80 30 days	$ 26	80
Balance	$ 573	58

Entered into Ledger, page ..... or below.

Miscellaneous .....

Billy Ray King

dearly beloved son of Mr. and Mrs. Wilfred B. King of Sonoma; beloved brother of Leroy, Rozella and Mary Edna King of Sonoma; adored grandson of Mr. and Mrs. O. C. Allen of Sonoma, and Mr. and Mrs. Roy Lock of Wallace, Kansas; loving nephew of James A. King of Sonoma, George Lock of Wallace, Kansas, Mrs. Bettie Riggs of New Mexico, Mr. and Mrs. Marcus McDowell of Sonoma, Mr. and Mrs. Clyde Lock, Mr. and Mrs. John Lock, and Mr. and Mrs. Eldon Rains of Wallace, Kansas. A native of New Mexico; aged 15 years.

Friends are invited to attend the funeral services Thursday, Feb. 10, 1955, at 2 p. m. at the Chapel of Bates and Evans. Rev. A. B. Stuckey officiating. Interment Mt. Cemetery, Sonoma, Calif.

	Date		Amount Paid	Balance
		To Balance Forward	$	$
	3-1-55	By Payment	$	$
		" "	$	$
		" in full	$ 573 58	$
		" "	$	$
		" "	$	$

Insurance Companies .....

.....sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

.....by the same within .....days from date. Interest to accrue from

Signed .....

Address .....

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Feb 15 19 53

Name of Deceased Celso Vivani W.

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 248 Frances St. ☐Husband ☐Wife ☐Widow of Emma

Charge to Emma Vivani Age of Husband or Wife (if living)..... Years

Address above

Order given by (or informant)

How Secured

If Veteran, Name of War No.

Occupation Creamery Owner No (Social Security Number)

Employer and Address Self

Date of Death Feb 15 1953 2:05 A (Mo.) (Day) (Yr.) (Hour)

Date of Birth Aug 24 1885 Age 69 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Francis

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Italy

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death

Contributory Causes

Certifying Physician G. K. McGrath M.D (or Coroner)

His Address Sonoma Cal.

Name of Father Joseph Vivani

His Birthplace Italy

Maiden Name of Mother Elizabeth Giovannoni

Her Birthplace Italy

Date of Funeral Feb 17 Thurs 9:30 A.M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to

Size of Casket Below (State Color and Number)

Manufactured by C. F. Casket Co.

Cemetery / Crematory } St. Frances Solano Cem. Sonoma Family Vault.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	920
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		46 a 3
Suit or Dress (State Kind and Color)		0
Slippers, $ ... Hose, $		8
Folding Chairs, $ ... Tarpaulin, $		13
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Vault Fee		5 00
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad / Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service Mass		15 00
2 C. C.		2
line Death Notices in ... Papers		
Sonoma Local		3 61
(Names of Newspapers) The Press Democrat		5 00
L. Italia		5 00
Sales Tax		13 80
Total Footing of Bill	$	964 41
Less $46 30 days	$	46
Balance	$	918 41
Entered into Ledger, page ... or below.		

Miscellaneous

SIZE 6/6 No. Groton H.P Cov. Heather

DESCRIPTION: Sealer Flat glass
23-A Panel & Pillow
Lined Ant. Empire M

HANDLES:

Feb 18, 53

Date											Amount Paid		Balance	
										To Balance Forward			$	
										By Payment	$		$	
										In full	$	918 41	$	
										" "	$		$	
										" "	$		$	
										" "	$		$	

Insurance $ ... Names of Lodges ... Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from maturity at the rate of ...% per annum.

Signed

Witness Address

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 0 Yearly No. ... Date of Entry March 2 1955

Name of Deceased Conrad J. Kiser (What Race) W.

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence Watmaugh Rd. Sonoma ☐ Husband ☐ Wife ☐ Widow of Mary ... Years

Charge to Mrs. Mary Catarina

Address P.O. Box 1814 Sonoma

Order given by ... (or informant)

How Secured ...

If Veteran, Name of War no

Occupation Ret. Rancher no (Social Security Number)

Employer and Address self

Date of Death Mar. 2, 1955 11:15 P. (Mo.) (Day) (Yr.) (Hour)

Date of Birth Nov. 26. 1865 Age 89 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Francis

Clergyman ... (Address)

Religion of the Deceased Catholic

Birthplace Switzerland

Resided in the State 75 yrs. (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death ...

Contributory Causes ...

Certifying Physician Carroll L. Andrews (or Coroner)

His Address Sonoma Calif.

Name of Father Peter Kiser

His Birthplace Switzerland

Maiden Name of Mother Caroline Fanger

Her Birthplace Switzerland

Date of Funeral Mar 5 Sat 10 a. M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to ...

Size of Casket Metalic (State Color and Number)

Manufactured by S.F. Casket Co.

Cemetery / Crematory } St. Francis Solano Sonoma

Diagram of Lot or Vault

Lot No. ...

Grave No. ...

Section No. ...

Block No. ...

Owner ...

Miscellaneous ...

Complete Funeral (except outlays)	$ 536
Casket	175 —
Burial Vault or Box (State Kind)	
Embalming Body (Name of Embalmer)	
Barber, $ ... Hair Dressing, $	
Dressing Body, $ ... Underwear, $	2 68
Suit or Dress (State Kind and Color)	175
Slippers, $ ... Hose, $	4 33
Folding Chairs, $ ... Tarpaulin, $	4 33
Candelabrum, $ ... Candles, $	3 29
Door Spray, $ ... Gloves, $	3 29
Funeral Car, $ ... Ambulance, $	
Limousines to Cemetery ... @ $	
Extra Limousines ... @ $	
Autos to R. R. Station ... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)	
Pall Bearer Service, $ ... Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot	
Cremation	
Flowers, $ ... Palms, $ ... Matting, $	
Rental of Tent, $ ... of Temporary Vault, $	
Opening of Grave or Tomb	25 00
Lining Grave, $ ... Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $ ... Singers, $ ... Organist, $	
Railroad / Motor } Tickets, $ ... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced ... Examiner	12 60
Out of town Funeral Director's Charges	
Personal Service ... Mass	15 00
... Napa Register	2 00
... line Death Notices in ... Papers	
... Local	3 61
(Names of Newspapers) ... Press Democrat	57 00
... Argus Courier	4 00
Sales Tax	13 29
Total Footing of Bill	$ 792 50
Less 3% 55 - 30 days	$ 35 55
Balance	$ 756 65

Entered into Ledger, page ... or below.

Miscellaneous ...

3-8-55 took Statement ...

KISER—In Sonoma, Calif., March 2, 1955, Conrad J. Kiser, dearly beloved father of Mrs. Agnes Harris of Albany, Conrad J. Kiser Jr., Mrs. Mary Catarina, Michael J. Kiser and Peter J. Kiser, all of Sonoma, beloved grandfather of Robert E. Harris of Lakewood, Mrs. Agnes Hughes of Paramount, Mrs. Alice Shattuck of Lakewood, Mrs. Adrienne Klovee of Fort Sill, Okla., Ronald Peter Kiser of Sonoma, Sandra and Michael Kiser of Sonoma, adored great-grandfather of Pamela and Constance Harris of Lakewood, Steven, David, Daniel, George and Joanne Hughes of Paramount, loving brother of Nick Kiser of Napa; a native of Switzerland, aged 89 years. A member of Rosewood Lodge, W. O. W., Santa Rosa.

Friends are invited to attend funeral services Saturday, March 5, at 9:30 a. m., from the Chapel of Bates & Evans, Sonoma, Calif.; thence to St. Francis Solano Church, where a Requiem Mass will be offered for the repose of his soul, commencing at 10 a. m. Interment, St. Francis Solano Cemetery, Sonoma. Rosary will be recited Friday evening at 8:30 o'clock.

	Amount Paid	Balance	Date		Amount Paid	Balance
Balance		$		To Balance Forward		$
nt	$	$		By Payment	$	$
	$	$	April 2-55	" In full	$ 756 65	$
	$	$		" "	$	$
	$	$		" "	$ 756 95	$
	$	$		" "	$	$

Insurance $ ... Names of Lodges ... Insurance Companies ...

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from maturity at the rate of ... % per annum.

Signed ...

Witness ... Address ...

Revised by W. W. Feineman, Long Beach, California

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry March 6 1955

Name of Deceased Adolph Herman Trappe W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 19686 East 8th St. Sonoma ☐Husband ☐Wife ☐Widow of Maria

Charge to Mrs. Maria Trappe wife

Address Mrs. Barbara Bruhn daughter

Order given by..... (or informant)

How Secured.....

If Veteran, Name of War No

Occupation Ret. Farmer

(Social Security Number)

Employer and Address.....

Date of Death March 6 1955 9 a. m.
(Mo.) (Day) (Yr.) (Hour)

Date of Birth Sept 6 1879 Age 75
(Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev. Wm. F. McMurdie Sonoma
(Address)

Religion of the Deceased Prot.

Birthplace Germany

Resided in the State 50 years
(or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician.....
(or Coroner)

His Address Sonoma Calif.

Name of Father Herman Trappe

His Birthplace Germany

Maiden Name of Mother Unk

Her Birthplace.....

Date of Funeral March 9 Wed — 1 P. M.
(Date) (Day of Week) (Hour)

Motor / Ship } Remains to.....

Size of Casket Golden Gate Casket H. P.
(State Color and Number)

Manufactured by " " "

Cemetery / Crematory } Mt. Cemetery Sonoma

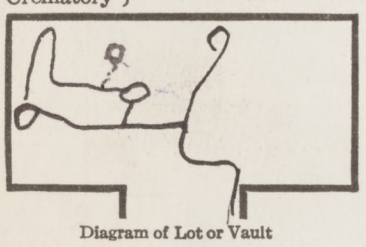

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Miscellaneous.....

.....

.....

Complete Funeral (except outlays)	$	545 —
Casket		
Burial Vault or Box (State Kind)		15 —
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		2 50
Dressing Body, $..... Underwear, $		15 —
Suit or Dress (State Kind and Color)		5 —
Slippers, $..... Hose, $		2 87
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		8 62
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		5 00
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb		60 —
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $		
Railroad / or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service Rev. Mc Murdie		10 —
Music — Lutheran Church		
....line Death Notices in ..... Papers		
Local (Names of Newspapers)		3 61
Sales Tax		8 63
Total Footing of Bill	$	647 24
Less 28.00 — 30 days	$	
Balance	$	

Entered into Ledger, page.....or below.

Miscellaneous.....

.....

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment	$ —	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
March 10	By Payment On acct	$ 300 —	$
	" "	$	$
March 29	Paid in Full	$ 319 24	$ 647 24
	"	$ 619 24	$ 619 24

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry March 11 19 35

Name of Deceased Charles Edward Mc Gill W.

☒ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence 2175 Broadway Sonoma ☐Husband ☐Wife ☐Widow } Olah

or..... of } Age of Husband or Wife (if living)..... Years

Charge to Olah Mc Gill

Address Above

Order given by..... (or informant)

How Secured.....

If Veteran, Name of War No

Occupation Ret. Conductor No. (Social Security Number)

Employer and Address Market St. R.W.

Date of Death March 11, 1935 5:10 P.M. (Mo.) (Day) (Yr.) (Hour)

Date of Birth July 12, 1875 Age 79 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Francis Solano Church

Clergyman..... (Address)

Religion of the Deceased Catholic

Birthplace Eureka, Calif

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma District Hospital

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician Paul J. Harrison M.D. (or Coroner)

His Address Sonoma, Calif

Name of Father Mc Gill

His Birthplace Ireland

Maiden Name of Mother.....

Her Birthplace New York

Date of Funeral Mar. 12 Sat. 9:30 A.M. (Date) (Day of Week) (Hour)

Motor Ship } Remains to.....

Size of Casket Metalic H.P. (State Color and Number)

Manufactured by S. F. Casket Co.

Cemetery Crematory } St. Francis Solano Cem.

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Miscellaneous.....

.....

.....

Complete Funeral (except outlays)	$ 5 21	—
Casket		
Burial Vault or Box (State Kind)	12	—
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
Suit or Dress Shirt & Underwear (State Kind and Color)	4	95
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		2 60 50 1995
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		2 5 0 4 5 3
Extra Limousines ... @ $		2 5
Autos to R. R. Station ... @ $		4 1 3 5
Getting Remains from		8
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax ... $		
Outlay for Lot One Grave	100	—
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb	25	—
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad or Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service Mass	15	—
... line Death Notices in ... Papers		
Local (Names of Newspapers)	3	61
Sales Tax	8	27
Total Footing of Bill ... $	692	83
Less 26 30 days ... $	692	
Balance ... $	666	03

Entered into Ledger, page ..... or below.

Miscellaneous.....

.....

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
March 14	By Payment Mr Gill	$ 666 03	$
	"	$	$
	" "	$	$
	" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Revised by W. W. Feineman, Long Beach, California

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RECORD OF FUNERAL

Total No. 9 Yearly No. ..... Date of Entry March 11 19 55

Name of Deceased Irving J. Brusky W

☒ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence A. T. B. Court Hway 12 ☐ Husband ☐ Wife ☐ Widow of Leonora

Charge to Mrs Leonora Brusky Age of Husband or Wife (if living) ..... Years

Address Agnew

Order given by Milton & Clarence Brown 890 Lyman Ave, Reno, Nev. (or informant)

How Secured $25 per mo.

If Veteran, Name of War No.

Occupation Ret. Farmer No. (Social Security Number)

Employer and Address .....

Date of Death March 11, 1955 8 P. (Mo.) (Day) (Yr.) (Hour)

Date of Birth April 14, 1891 Age 63 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Frances

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace California

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician G. K. McGrath M.D. (or Coroner)

His Address Sonoma

Name of Father Benjamin Brusky

His Birthplace .....

Maiden Name of Mother Emma Stanaway

Her Birthplace .....

Date of Funeral March 14 Mon 9:30 A.M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

Size of Casket Marbleoid Pearl H. P. (State Color and Number)

Manufactured by G. State Co.

Cemetery / Crematory } St. Francis Solano Cem. Sonoma

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

.....

.....

Complete Funeral (except outlays) $		
Casket	364	—
Burial Vault or Box (State Kind)	15	—
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress 10.50 + tx (State Kind and Color)	10	82
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		1825
Funeral Car, $ ..... Ambulance, $		2550
Limousines to Cemetery ..... @ $		2073
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		2250
Getting Remains from		6
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax $		
Outlay for Lot 1 grave	100	—
Cremation One Grave reserved		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb	25	—
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
line Death Notices in Post Papers	3	61
Mass (Names of Newspapers)	15	—
Sales Tax	5	91
Total Footing of Bill $	539	34
Less 18.95 30 days $	18	95
Balance $	520	39

Entered into Ledger, page ..... or below.

Miscellaneous .....

.....

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid		Balance	
	To Balance Forward			$	
	By Payment	$		$	
Mar 12	55 "on acct	$200	—	$	
Mar 13	55 " " "	$100	—	$	
Mar 16	55 "In Full	$220	39	$	
	" "	$520	39	$539	39

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Mar 16 1955

Name of Deceased William Edwards W

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence 348 Shotwell St S.F. ☐Husband ☐Wife ☐Widow of Mary (Mollie) (What Race)

Charge to Evan Edwards Age of Husband or Wife (if living)..... Years

Address 2790 Clinton Park st S.F.

Order given by..... (or informant)

How Secured Metropolitan Ins Policy

If Veteran, Name of War.....

Occupation Laborer (Social Security Number)

Employer and Address Sawdust mill

Date of Death Mar 16, 1955 10:45 P
(Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct 1, 1878 Age 76
(Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev Marrell Sonoma (Address)

Religion of the Deceased Prots

Birthplace San Francisco

Resided in the State..... (or U.S. or City or County) (Years) (Months)

Place of Death S.F. City & Co. Hospital

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician..... (or Coroner)

His Address.....

Name of Father John Edwards

His Birthplace Wales

Maiden Name of Mother Ann Howell

Her Birthplace Wales

Date of Funeral March 21 Wed 1 P M.
(Date) (Day of Week) (Hour)

Motor / Ship } Remains to.....

Size of Casket Marbleoid (State Color and Number)

Manufactured by Golden State Co.

Cemetery / ~~Crematory~~ } St Francis Solano Sonoma

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Miscellaneous.....

.....

.....

Complete Funeral (except outlays)	$	
Casket		364 —
Burial Vault or Box (State Kind)		15 —
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		18 2
Suit or Dress (State Kind and Color)		15
Slippers, $..... Hose, $		19 3
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		59 1
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit S.F. Permit (State Number and District)		1 —
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot due on plot		10 —
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb		25 —
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $		
Railroad / or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service no music —		
Rev. Marrell Minister		10 —
....line Death Notices in Local Papers		3 61
..... Examiner (Names of Newspapers)		4 62
Sales Tax		5 91
Total Footing of Bill	$	439 1 ~~1~~
Less 18 95 — 30 days	$	18 95
Balance	$	420 19

Entered into Ledger, page.....or below.

Miscellaneous.....

.....

EDWARDS—In San Francisco, March 16, 1955 William Edwards, husband of the late Mollie Edwards, loving brother of Evan Edwards of S.F., Mrs. E. B. Porter of Oakland and the late Mary Roland and Eddie Edwards.
Friends are invited to attend the funeral services Monday, March 21 at 1 p. m. at the Chapel of Bates and Evans, Sonoma, Calif. Interment, St. Francis Solano Cemetery, Sonoma.

		Amount Paid		Balance		Date		Amount Paid		Balance	
				$			To Balance Forward			$	
		$		$			By Payment	$		$	
		$		$		April 1-55	" On acct	$400	00	$	
	" "	$		$		April 5, 55	" "	$20	—	$	
	" "	$		$			" "	$		$	
	" "	$		$			" "	$		$	

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Revised by W. W. Feineman, Long Beach, California

98

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry March 18 19 35

Name of Deceased Carl Tony Mail White

☑ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: 514 W. Lockeford St. Lodi ☐Husband ☐Wife ☐Widow } Lillian E.

or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to: Mrs. Lillian E. Mail

Address 110 S. Church St. Lodi

Order given by ..... (or informant)

How Secured .....

If Veteran, Name of War U.S.

Occupation Investment Broker (Social Security Number)

Employer and Address .....

Date of Death March 18, 1935 7:20 P. (Mo.) (Day) (Yr.) (Hour)

Date of Birth Dec. 21, 1889 Age 65 2 17 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Wells Funeral Services Chapel

Clergyman ..... (Address)

Religion of the Deceased Prot.

Birthplace Polk, Missouri

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death District Hospital

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician Robert L. Mollenhauer M.D. (or Coroner)

His Address Sonoma, Calif.

Name of Father M. C. Mail

His Birthplace .....

Maiden Name of Mother .....

Her Birthplace .....

Date of Funeral ..... M.

Motor / Ship } Remains to Wells Funeral Home Lodi (Date) (Day of Week) (Hour)

Size of Casket Metallic (State Color and Number)

Manufactured by S. F. Casket Co.

Cemetery / Crematory } Lodi Calif.

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous

4-5-35 Statement

Complete Funeral (except outlays)	$	
Casket	536	-
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		26 80
Slippers, $ ..... Hose, $		3
Folding Chairs, $ ..... Tarpaulin, $		4
Candelabrum, $ ..... Candles, $		8 10
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service 3 c/c	3	00
.... line Death Notices in ..... Papers		
(Names of Newspapers)		
	8	04
Sales Tax		
Total Footing of Bill	$ 547	04
Less 26.80 30 days	26	80
Balance	$ 520	24

Entered into Ledger, page ..... or below.

Miscellaneous .....

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
April 11, 1935	" full	$	$
	" "	$	$
	" "	$	$
By Mrs Carl T. Mail		$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. ..... Yearly No. ..... Date of Entry March 19 1955

Name of Deceased Lloyd Scott Simmons ..... W –

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence 157 Patton St. Sonoma ☐Husband ☐Wife ☐Widow or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Gladys Dodge

Address 620 - 2nd St. East Sonoma

Order given by ..... (or informant)

How Secured .....

If Veteran, Name of War No.

Occupation Ret. Pharmacist (Social Security Number)

Employer and Address self

Date of Death March 19, 1955 - 9 a. (Mo.) (Day) (Yr.) (Hour)

Date of Birth Nov. 23, 1871 Age 83 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel -

Clergyman Rev. Harold St. Geo. Buttrum (Address)

Religion of the Deceased Prot.

Birthplace Independance, Missouri

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death District Hospital

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician Max Mendenhall M.D. (or Coroner)

His Address Sonoma, Calif. -

Name of Father .....

His Birthplace .....

Maiden Name of Mother Lucetta Maad

Her Birthplace Unknown

Date of Funeral March 21, 1955 - 9 a. - M. (Date) (Day of Week) (Hour)

Motor Ship } Remains to .....

Size of Casket Golden Gate Casket H. P. (State Color and Number)

Complete Funeral (except outlays)	$ 560	00
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		2 80
Dressing Body, $ ..... Underwear, $		3
Suit or Dress (State Kind and Color)		8 40
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit. San Mateo Co. (State Number and District)	2	50
___Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation	60	
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		

Form 184-10M-2-54

OFFICIAL RECEIPT OF

Cypress Lawn Memorial Park

COLMA 25, CALIFORNIA
Telephone PLaza 5-0580

C 4835

DATE 3/21/55 19 ____

THE SUM OF Sixty two 50/100 DOLLARS $ 62 50

AS PAYMENT ON \ FOR ____ NO. ____ DIV. LOT TIER ____ SECTION ____

REMARKS Cremation - Lloyd Scott Simmons + County tax

RECEIVED FROM Bates + Evans Funeral Director Sonoma, Calif. FOR ACCT. OF ____

CASH	✓	MONEY ORDER		MAIL
CHECK	90-257			AT OFFICE
				COLLECTOR

BALANCE in full

THE CYPRESS LAWN CEMETERY ASSOCIATION

BY L. Tognini

.....	....	"	"	.....	$.....	.....	$.....	.....	.....	.....	"	"	.....	$.....	.....	$.....	.....
.....	....	"	"	.....	$.....	.....	$.....	.....	.....	.....	"	"	.....	$.....	.....	$.....	.....

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No.............. Yearly No.............. Date of Entry March 18 19 55

Name of Deceased Carl Tony Maib — White (What Race)

☑ Married ☐ Single ☐ Widowed ☐ Divorced

Residence: 514 W. Lockeford St. Lodi ☐Husband ☐Wife ☐Widow or .... of } Lillian E.

Age of Husband or Wife (if living).......... Years

Charge to: Mrs Lillian E. Maib

Address. 110 S. Church St. Lodi

Order given by.............. (or informant)

How Secured..............

If Veteran, Name of War no

Occupation Investment Broker Unk (Social Security Number)

Employer and Address..............

Date of Death March 18, 1955 7:20 a. (Mo.) (Day) (Yr.) (Hour)

Date of Birth Dec. 21, 1889 (Mo.) (Day) (Yr.) Age 65 2 17 (Yrs.) (Mos.) (Days)

Services at: Wells Funeral Service Lodi

Clergyman.............. (Address)

Religion of the Deceased Prot

Birthplace Holt, Missouri

Resided in the State.............. (or U. S. or City or County) (Years) (Months)

Place of Death District Hospital

Cause of Death..............

Contributory Causes..............

....

Certifying Physician Robert L. Mollenhauer MD (or Coroner)

His Address Sonoma, Calif

Name of Father M. C. Maib

His Birthplace..............

Maiden Name of Mother..............

Her Birthplace..............

Date of Funeral.............. M. (Date) (Day of Week) (Hour)

Motor ~~Ship~~ } Remains to Wells funeral Home Lodi Calif

Size of Casket Metalic (State Color and Number)

Manufactured by S. F. Casket Co.

Cemetery / Crematory } Lodi, Calif

Diagram of Lot or Vault

Lot No. ....

Grave N..............

Section N..............

Block N..............

Owner..............

Miscellaneous..............

4-5-55 Staten[...]

Complete Funeral (except outlays) $		
Casket	536	–
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $.... Hair Dressing, $....		
Dressing Body, $.... Underwear, $....		
Suit or Dress (State Kind and Color)		
Slippers, $.... Hose, $....		
Folding Chairs, $.... Tarpaulin, $....		
Candelabrum, $.... Candles, $....		
Door Spray, $.... Gloves, $....		
Funeral Car, $.... Ambulance, $....		
Limousines to Cemetery ....@ $		
Extra Limousines ....@ $		
Autos to R. R. Station ....@ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
__Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $....		
Gross Total for Sales Tax $		
Outlay for Lot		
Cremation		
Flowers, $.... Palms, $.... Matting, $....		
Rental of Tent, $.... of Temporary Vault, $....		
Opening of Grave or Tomb		
Lining Grave, $.... Lowering Device, $....		
Outlay for Shipping Charges		
Clergyman, $.... Singers, $.... Organist, $....		
Railroad or Motor } Tickets, $.... Aeroplane Service, $....		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service 3 c/c	3.	00
....		
....line Death Notice[...]		

268 3 / 8.04

Date			Amou[nt]
....	....	To Above Balance	......
....	....	By Payment	$......
....	....	" "	$......
....	....	" "	$......
....	....	" "	$......
....	....	" "	$......

Insurance $.............. Names of Lodges.............. Insurance Companies..............

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.............. (Firm Name of Funeral Directors.) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.............. days from date. Interest to accrue from maturity at the rate of.......... % per annum.

Signed..............

Witness.............. Address..............

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. ..... Yearly No. ..... Date of Entry March 19 1955

Name of Deceased Lloyd Scott Simmons ..... W –
☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence 157 Patton St. Sonoma ☐Husband ☐Wife ☐Widow } .....
or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Gladys Dodge

Address 620 – 2nd St. East Sonoma

Order given by ..... (or informant)

How Secured .....

If Veteran, Name of War No.

Occupation Ret. Pharmacist (Social Security Number)

Employer and Address self

Date of Death March 19, 1955 – 9 a. (Mo.) (Day) (Yr.) (Hour)

Date of Birth Nov. 23, 1871 Age 83 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel –

Clergyman Rev. Harold St. Geo. Buttrum (Address)

Religion of the Deceased Prot.

Birthplace Independance, Missouri

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death District Hospital

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician Max Mendenhall M.D. (or Coroner)

His Address Sonoma, Calif. –

Name of Father .....

His Birthplace .....

Maiden Name of Mother Lucetta Mood

Her Birthplace Unknown

Date of Funeral March 21, 1955 – 9 a. – M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

Size of Casket Golden Gate Casket D. B. (State Color and Number)

...ured by abave –

...Cypress Lawn Memorial Park.

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

...n of Lot or Vault Owner .....

...ous .....

4-5-55 Statement

Complete Funeral (except outlays)	$ 560	00
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		2.80
Dressing Body, $ ..... Underwear, $		3
Suit or Dress (State Kind and Color)		8.40
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit. San Mateo Co. (State Number and District)	2.	50
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation	60	–
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
Rev. Buttrum	10	00
...line Death Notices in ..... Papers		
Local (Names of Newspapers)	3.	61
Democrat	5	00
Sales Tax	8.	40
Total Footing of Bill	$ 649.	51
Less 28.00 – 30 days	$ 28	
Balance	$ 621.	51
Entered into Ledger, page ..... or below.		

Miscellaneous .....

		Amount Paid		Balance		Date			Amount Paid		Balance	
	To Above Balance			$				To Balance Forward			$	
	By Payment	$		$				By Payment	$		$	
	" "	$		$				"	$		$	
	" "	$		$		April 19,	1955	" full	$ 621.	51	$	
	" "	$		$				"	$		$	
	" "	$		$				"	$		$	

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Revised by W. W. Feineman, Long Beach, California

100

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry March 25 1955

Name of Deceased Louis August Valguardsen

☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence 724 Denmark St Sonoma ☐Husband ☐Wife ☐Widow or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to: Mrs. Melayne Rahm

Address 14 Bucareli Drive S.F.

Order given by ..... (or informant)

How Secured: .....

If Veteran, Name of War No.

Occupation Ret. Well Driller No. (Social Security Number)

Employer and Address Self

Date of Death Mar 25th 1955 2:30 P. (Mo.) (Day) (Yr.) (Hour)

Date of Birth Nov 21, 1895 Age 59 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev. Richardson Sonoma (Address)

Religion of the Deceased Prot

Birthplace Sonoma

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma Co. Hospital

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician Vernon Dilweg Ald (or Coroner)

His Address Santa Rosa, Calif

Name of Father Dutlev Valguardsen

His Birthplace Denmark

Maiden Name of Mother Johanna Johannsen

Her Birthplace Calif

Date of Funeral Mar 26 Sat 2 P. M. (Date) (Day of Week) (Hour)

Motor Ship } Remains to .....

Size of Casket Sutter H.P. (State Color and Number)

Manufactured by Sutter Co. Co.

Cemetery Crematory } Mt. Cem. Sonoma

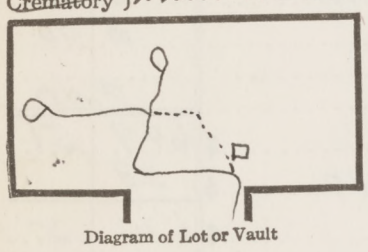

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

Filed May 12, 55 - as per letter above

4-5-5-55 Statement

Complete Funeral (except outlays)	$ 458	
Casket		
Burial Vault or Box (State Kind)	15	
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $ 2.06	2	06
Suit ~~or Dress~~ 21 # 7463 (State Kind and Color)	21	63
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		2.29 3.80
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		1.06 3
Funeral Car, $ ..... Ambulance, $		20
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		8.0118
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
~~Deliver~~ Flowers ~~to~~ for Casket + 24	20	60
Removal Charges		
Procuring Burial Permit (State Number and District)	5	
___ Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb	60	00
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service Rev. Richardson	10	
Music - Mrs. Dunbar	10	
....line Death Notices in ..... Papers		
Napa Register (Names of Newspapers)	3	
La Sal	2	61
	7	32
Sales Tax		
Total Footing of Bill	$ 616	22
Less 23.65 - 30 days	$	
Balance	$	

Entered into Ledger, page ..... or below.

Miscellaneous .....

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
July 15, 1955	" Full	$ 616 22	$
	"	$	$
	" "	$	$
	" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 6 Yearly No. ..... Date of Entry March 28 19 55

Name of Deceased Emma Jane Tomlinson W.

☐ Married ☐ Single ☑ Widowed ☐ Divorced (What Race)

Residence 330 Patton St. Sonoma ☐Husband ☐Wife ☐Widow } Eli

or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mary M. Tomlinson daughter

Address At Home

Order given by ..... (or informant)

How Secured .....

If Veteran, Name of War no

Occupation At home no. (Social Security Number)

Employer and Address .....

Date of Death March 28, 1955 9:10 a (Mo.) (Day) (Yr.) (Hour)

Date of Birth Sept. 27, 1866 Age 87 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Methodist Church

Clergyman Rev. Richardson Sonoma (Address)

Religion of the Deceased Prot

Birthplace Muncie, Indiana

Resided in the State 32 yrs. (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician Paul J. Harrison M.D. (or Coroner)

His Address Sonoma, Calif.

Name of Father James A. Armbarger

His Birthplace Virginia

Maiden Name of Mother Mary Fleshing

Her Birthplace .....

Date of Funeral March 30 2 P.M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

Size of Casket Orchid ½ ch (State Color and Number)

Manufactured by Golden State Casket

Cemetery / Crematory } Mt. Cemetery Sonoma

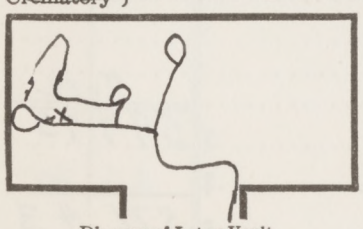

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

.....

4-5-55 statement

Complete Funeral (except outlays)	$ 511	
Casket		—
Burial Vault or Box (State Kind)	15	—
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		2550
Suit or Dress (State Kind and Color)		15
Slippers, $ ..... Hose, $		2750 3
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		8.150
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)	5	—
___Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax $		
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb	60	—
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service Ken Richardson	10	—
....line Death Notices in ..... Papers		
Local Notice (Names of Newspapers)	3	61
Music - [illegible]		
Sadie Wilson - Evelyn Gregory	10	00
Sales Tax	8	12
Total Footing of Bill $	622	73
Less 26 30 - 30 days $	26	30
Balance $	596	40
Entered into Ledger, page .....or below.		
Miscellaneous		

Date		Amount Paid	Balance	Date		Amount Paid	Balance
To Above Balance		$	$		To Balance Forward	$	$
By Payment		$	$		By Payment	$	$
" "		$	$	April 6, 55	" in full	$ 596 40	$
" "		$	$		" "	$	$
" "		$	$		" "	$	$
" "		$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Revised by W. W. Feineman, Long Beach, California

102

RECORD OF FUNERAL

Total No. ..... Yearly No. 1955 Date of Entry March 28 1955

Name of Deceased Esther Victoria Orr W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 221 San Luis Rd Sonoma ☐ Husband ☐ Wife ☐ Widow of John F. Orr Age of Husband or Wife (if living) ..... Years

Charge to John F. Orr

Address Sonoma

Order given by ..... (or informant)

How Secured .....

If Veteran, Name of War no

Occupation At home no

Complete Funeral (except outlays)	$	5 11
Casket		15 —
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		25 50
Barber, $ ..... Hair Dressing, $		1 50
Dressing Body, $ ..... Underwear, $		7 05
Suit or Dress		2 —
		8 1 50

Phone Santa Rosa 6-R
Box 524

Redwood Highway
at Hearn Avenue

Chapel of the Chimes

CREMATORIUM--COLUMBARIUM--MAUSOLEUM

No 7386

RECEIVED FROM M Bates & Evans Sonoma, Calif

Santa Rosa, California, April 26, 1955

Crematorium Services For

Memorial Section --including endowment fund deposit-- Trust Tier W 5 No. 19 250 00

Urn XX Book of Life Chest Sales Tax 2% 17 50

Flower Service { Twice / Once } Each Week, from to

{ Rental / Care } from to Engraving Permit

Total 425 25

Credits

Received Four hundred twenty five and 25/100 — Dollars 425 25

Present Balance —

Check No. 90-754-5913 1211

Record No. 6044

CALIFORNIA CREMATORIUM
Per Everett E. Foster manager

Enter Victoria Orr, deceased

Her Birthplace			
Date of Funeral Mar 31 (Date) Thurs (Day of Week) 2 P.M. (Hour)			
Motor / Ship } Remains to			
Size of Casket Orchid ½ ch (State Color and Number)			
Manufactured by Golden State Co. Co.			
Cemetery / Crematory } Chapel of the Chimes S.R.			
Lot No.			
Grave No.			
Section No.			
Block No.			
Owner			
Diagram of Lot or Vault			
Miscellaneous			
4-5-55 Statement			
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $			
Telegr., Phone, Cable or Radio Charges			
Cash Advanced			
Out of town Funeral Director's Charges			
Personal Service Organ —		5 00	
Minister — Richardson		10 —	
line Death Notices in ..... Papers			
Local (Names of Newspapers)		3 61	
		8 12	
Sales Tax			
Total Footing of Bill	$	597 73	
Less 26.30 — 30 days	$	26 30	
Balance	$	571 43	
Chapel of Chimes # 6844 Entered into Ledger, page ..... or below.		425 25	
Miscellaneous		99 68	

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$	April 23, 55	" In full	$ 996 68	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Mar 28 1955

Name of Deceased Esther Gonzales W.

☐ Married ☐ Single ☐ Widowed ☒ Divorced (What Race)

Residence Sonoma State Hospital ☐Husband ☐Wife ☐Widow } or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Father Geary

Address Sonoma State Hospital

Order given by " "

How Secured Monthly payment. (or informant)

If Veteran, Name of War .....

Occupation Patient (Social Security Number)

Employer and Address .....

Date of Death Mar 28 1955 4:15 P.M. (Mo.) (Day) (Yr.) (Hour)

Date of Birth Jan 1 1936 Age 18 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Francis Church

Clergyman Father Geary (Address)

Religion of the Deceased Catholic

Birthplace California

Resided in the State Life (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma State Hospital

Cause of Death Investigation Pending

Contributory Causes .....

.....

Certifying Physician V. Silvershield (or Coroner)

His Address Santa Rosa

Name of Father Max Gonzales

His Birthplace —

Maiden Name of Mother Victoria Arroyo

Her Birthplace Mexico

Date of Funeral 3/31/55 Thurs 9:30 A.M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to San Francisco

Size of Casket ~~Stock~~ #80 Flat Slip A.C. (State Color and Number)

Manufactured by .....

Cemetery / Crematory } Holy Cross Cem. San Mateo Co.

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

.....

.....

Complete Funeral (except outlays)	$	
Casket Regular $160.00 (agreed)	100	—
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		50
Dressing Body, $ ..... Underwear, $		3.
Suit or Dress		1.50
(State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
We donated $15.00 to Church at Father Geary's request		
....line Death Notices in ..... Papers		
(Names of Newspapers)		
Sales Tax		1 50
Total Footing of Bill	$	101 50
Less	$	
Balance	$	
Entered into Ledger, page .....or below.		

Miscellaneous .....

.....

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
May 3, 1955	on acct	$ 10 —	$
June 3, 1955	"	$ 10	$
July 27, 55	" "	$ 10 —	$
Aug 27 55	" "	$ 10	$
Sept 1, 55	Insurance	10	
Oct 1 55	Companies	10	
Nov 18 55		15	
Dec 23 55		12.50	
Jan 5 56		12.50	

7.5 / 1.25 / 87.5

Insurance $ ..... Names of Lodges .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of .....% per annum.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

102

RECORD OF FUNERAL

Total No. ..... Yearly No. ..... Date of Entry March 28 1955

Name of Deceased Esther Vida Orr

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race) W.

Residence 221 San Luis Rd Sonoma ☐ Husband ☐ Wife ☐ Widow of John F.

Charge to John F. Orr

Address Sonoma

Order given by ..... (or informant)

How Secured .....

If Veteran, Name of War No.

Occupation At home No. (Social Security Number)

er and Address .....

Death Mar. 28, 1955 10:45 A.M. (Mo.) (Day) (Yr.) (Hour)

Birth Jan. 19, 1897 Age 58 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

at Chapel

an ..... (Address)

of the Deceased Prot

e San Francisco

n the State ..... (or U. S. or City or County) (Years) (Months)

Death Sonoma District Hospital

Death .....

ory Causes .....

.....

Physician Robert L. Mallenhauer MD (or Coroner)

s Sonoma Caly

ather .....

ace .....

me of Mother .....

Her Birthplace .....

Date of Funeral Mar. 31 Thurs. 2 P. M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

Size of Casket Orchid ½ ch. (State Color and Number)

Manufactured by Golden State Co. Co.

Cemetery / Crematory } Chapel of the Chimes

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

4-5-55 statement

Complete Funeral (except outlays)	$	5 11
Casket		13 -
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		25 50
Barber, $ ..... Hair Dressing, $		1 5
Dressing Body, $ ..... Underwear, $		2 50
Suit or Dress (State Kind and Color)		27 -
Slippers, $ ..... Hose, $		3
Folding Chairs, $ ..... Tarpaulin, $		8 1 50
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		45 -
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service Organ -		5 00
Minister - Richardson		10 -
..... line Death Notices in ..... Papers		
Local (Names of Newspapers)		3 61
		8 12
Sales Tax		
Total Footing of Bill	$	597 73
Less 26.30 - 30 days	$	26 30
Balance	$	571 43
Entered into Chapel of Chimes # 6844 Ledger, page ..... or below.		425 25
Miscellaneous		99 68

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$	April 23, 55	In full	996 68	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Mar 28 1955

Name of Deceased Esther Gonzales W.

☐ Married ☐ Single ☐ Widowed ☒ Divorced (What Race)

Residence Sonoma State Hospital ☐Husband ☐Wife ☐Widow or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Father Geary

Address Sonoma State Hospital

Order given by " " (or informant)

How Secured Monthly payment

If Veteran, Name of War .....

Occupation Patient

(Social Security Number)

Employer and Address .....

Date of Death Mar 28 1955 4:15 P.M. (Mo.) (Day) (Yr.) (Hour)

Date of Birth Jan 1 1936 Age 18 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St Francis Church

Clergyman Father Geary (Address)

Religion of the Deceased Catholic

Birthplace California

Resided in the State Life (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma State Hospital

Cause of Death Investigation Pending

Contributory Causes .....

.....

Certifying Physician V. Silvershield (or Coroner)

His Address Santa Rosa

Name of Father Max Gonzales

His Birthplace —

Maiden Name of Mother Victoria Arroyo

Her Birthplace Mexico

Date of Funeral 3/31/55 (Date) Thurs (Day of Week) 9:30 A.M. (Hour)

Motor Ship } Remains to San Francisco

Size of Casket ~~Stock~~ #80 Blat Slip A.C. (State Color and Number)

Manufactured by .....

Cemetery Crematory } Holy Cross Cem. San Mateo Co.

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

.....

.....

Complete Funeral (except outlays)	$	
Casket Regular $160 (agreed)	100	—
Burial Vault or Box ..... (State Kind)		
Embalming Body ..... (Name of Embalmer)		
Barber, $..... Hair Dressing, $.....		50 3
Dressing Body, $..... Underwear, $.....		7.50
Suit or Dress ..... (State Kind and Color)		
Slippers, $..... Hose, $.....		
Folding Chairs, $..... Tarpaulin, $.....		
Candelabrum, $..... Candles, $.....		
Door Spray, $ ..... Gloves, $.....		
Funeral Car, $..... Ambulance, $.....		
Limousines to Cemetery ..... @ $.....		
Extra Limousines ..... @ $.....		
Autos to R. R. Station ..... @ $.....		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit ..... (State Number and District)		
___Certif. Copies of Death Certificates No. ..... (State Physician's or Coroner's)		
Pall Bearer Service, $..... Use of Chapel, $.....		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $..... Palms, $..... Matting, $.....		
Rental of Tent, $..... of Temporary Vault, $.....		
Opening of Grave or Tomb		
Lining Grave, $..... Lowering Device, $.....		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $..... Organist, $.....		
Railroad or Motor } Tickets, $..... Aeroplane Service, $.....		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
We donated $15.00 to Church at Father Geary's request		
....line Death Notices in ..... Papers ..... (Names of Newspapers)		
Sales Tax		1.50
Total Footing of Bill	$	101 50
Less	$	
Balance	$	
Entered into Ledger, page ..... or below.		

Miscellaneous .....

.....

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
May 3, 1955	on acct	$ 10 —	$
June 3, 1955	" "	$ 10	$
July 29, 55	" "	$ 10 —	$
Aug 27 55	" "	$ 10	$
Sept 1, 55	Insurance	10	
Oct 1	Companies	10	
Nov 18 55		15	
Dec 23 55		12.50	
Jan 4 56		12.50	

75
1 25
875

Insurance $..... Names of Lodges .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of .....% per annum.

Signed .....

Witness ..... Address .....

Revised by W. W. Feineman, Long Beach, California

104

RECORD OF FUNERAL

Total No. ..... Yearly No. ..... Date of Entry April 1 ..... 19 55

Name of Deceased Ruth Todd Gottenberg ..... White
(What Race)

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 790 - 2nd St E. Sonoma ☐Husband ☐Wife ☐Widow of James C.

Charge to James C. Gottenberg

Address above

Order given by ..... (or informant)

How Secured .....

If Veteran, Name of War no

Occupation At home - (Social Security Number)

Employer and Address .....

Date of Death April 1, 1955 - 4:16 P. (Mo.) (Day) (Yr.) (Hour)

Date of Birth June 27, 1897 Age 57 9 4 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev. Ernest Morrill Sonoma (Address)

Religion of the Deceased Prot

Birthplace Trinity Co. Calif

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death District Hospital

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician Robert L. Mollenhauer MD (or Coroner)

His Address Sonoma, Calif

Name of Father William D. Todd

His Birthplace Calif

Maiden Name of Mother Mary Kinsley

Her Birthplace Calif

Date of Funeral April 4 Mon - 2 P. M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

Size of Casket Grey ½ Ch - (State Color and Number)

Manufactured by Golden State C. Co -

Cemetery / Crematory } I.O.O.F. Santa Rosa -

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

.....

4-31 55 Statement

Complete Funeral (except outlays)	$ 425 -
Casket	
Burial Vault or Box (State Kind)	
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	21.50
Dressing Body, $ ..... Underwear, $	2.50
Suit or Dress (State Kind and Color)	23.50
Slippers, $ ..... Hose, $	3
Folding Chairs, $ ..... Tarpaulin, $	2.50
Candelabrum, $ ..... Candles, $	7.50
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
___Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)	
Pall Bearer Service, $ .... Use of Chapel, $	
Gross ~~Total~~ for Sales Tax	$
Outlay for Lot Opening	35
~~Cremation~~ Box + It	22.75
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ .... of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $ ..... Singers, $ .... Organist, $	
Railroad / or Motor } Tickets, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service Rev. Morrill	10 -
music - Dunbar - Marenco	10 -
... line Death Notices in ..... Papers	
Press Democrat (Names of Newspapers)	5 00
Index	7 56
Sales Tax	6 38
Total Footing of Bill	$ 524 69
Less 21.25 - 30 days	$ 21 25
Balance	$ 503 44

Entered into Ledger, page ..... or below.

Miscellaneous .....

.....

GOTTENBERG—In Sonoma, Calif., April 1, 1955, Ruth Todd Gottenberg, dearly beloved wife of James C. Gottenberg of Sonoma, sister of the late Raymond and George Todd, beloved aunt of Florence Ruth Stoddard of Las Vegas, adored niece of Annie L. Bonnet of Lincoln, Calif.; a native of California. A member of Valley of the Moon Garden Club, Valley of the Moon Historical Society and the Santa Rosa Presbyterian Church.

Friends are invited to attend the funeral services Monday, April 4, at 10 a. m. at the Chapel of Bates & Evans, Sonoma, Calif. Interment, I. O. O. F. Cemetery, Santa Rosa. Contributions to Cancer Fund preferred.

	Amount Paid	Balance	Date		Amount Paid	Balance
ce		$		To Balance Forward		$
	$	$		By Payment	$	$
	$	$	May 3 55	In full	$503 44	$
	$	$		" "	$	$
	$	$		" "	$	$
" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 6 Yearly No. ..... Date of Entry April 3 1953

Name of Deceased Esther M. Scott W. Lista

☑ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 17220 Park Ave Sonoma ☐ Husband ☐ Wife ☐ Widow } Ethan W. Scott

or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mrs. E. F. Mac Nelly

Address 17220 Park ave -

Order given by ..... (or informant)

How Secured .....

If Veteran, Name of War no

Occupation at home no (Social Security Number)

Employer and Address .....

Date of Death April 3, 1953 9:45 P. (Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct. 4, 1886 Age 68 5 29 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev. Morrill Sonoma (Address)

Religion of the Deceased Prot.

Birthplace Indianapolis, Ind.

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma District Hospital

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician Robert L. Mallenhauer M.D. (for Coroner)

His Address Sonoma, Caly

Name of Father Lewis H. Mc Murray

His Birthplace Ohio

Maiden Name of Mother Bertha Cash

Her Birthplace Indiana

Date of Funeral April 8 Wed 3:30 P. M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

Size of Casket Gray 6 Ch. (State Color and Number)

Manufactured by Golden State Casket Co

Cemetery / Crematory } Chapel of the Chimes S.R.

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

Greenfield called 1/25/54

4-30-53 Filed Mc Mahon

Complete Funeral (except outlays)	$	425 00
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		2 12 50 3
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		6 37 50
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		45 00
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service Rev. Morrill		10 00
Organ - Marcenell Jr.		5 00
...line Death Notices in ..... Papers		
Press Democrat		5 00
(Names of Newspapers) Oakland Tribune		7 00
Local Paper - ?		2 50
Sales Tax		6 38
Total Footing of Bill	$	50 5 88
Less 21: 25 30 days!	$	
Balance	$	

Entered into Ledger, page ..... or below.

Miscellaneous .....

Date		Amount Paid	Balance	Date		Amount Paid	Balance
8/31/54	To Above Balance	505 88	$ -		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Revised by W. W. Feineman, Long Beach, California

106

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry April 6 19 55

Name of Deceased Anna Ringhausen W.

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence El Verano, Calif. ☐Husband ☐Wife ☐Widow } .....

or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Lawrence Pancia, Sonoma del to train -

Address William Cecil Cunningham Son Tel - 2937 El Verano

Order given by ..... (or informant)

How Secured .....

If Veteran, Name of War No.

Occupation At home (Social Security Number)

Employer and Address .....

Date of Death April 6, 1955 10:15 P. (Mo.) (Day) (Yr.) (Hour)

Date of Birth ..... Age ..... (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Jan. 2, 1867

Clergyman Greenfield, Illinois (Address)

Religion of the Deceased Prot.

Birthplace Greenfield, Illinois

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death Imola - Napa State Hospital

Cause of Death Congestive Cardiac Decompensation

Contributory Causes .....

.....

Certifying Physician W. Y. Hollingsworth M.D. (or Coroner)

His Address Imola

Name of Father William Alsbury

His Birthplace Illinois

Maiden Name of Mother Margaret Barnes

Her Birthplace Illinois

Date of Funeral Greenfield Illinois M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

Size of Casket Grey 2 Ch. (State Color and Number)

Manufactured by Golden State C. Co.

Cemetery / Crematory } Greenfield, Illinois

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner .....

Miscellaneous .....

4-30-55

Complete Funeral (except outlays) $	425 00
Casket	
Burial Vault or Box (State Kind)	
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ ..... Hose, $	0 15
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	
Pall Bearer Service, $ .... Use of Chapel, $	
Gross Total for Sales Tax $	
Outlay for Lot	
Cremation	
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ .... of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges to St. Louis Miss.	120 23
Clergyman, $ ..... Singers, $ .... Organist, $	
Railroad / Motor } Tickets, $ ..... Aero-plane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service Rev. J. Harris	5 00
....line Death Notices in ..... Papers (Names of Newspapers)	
Sales Tax No tax	
Total Footing of Bill $	550 23
Less 21.25 - 30 days' $	21 25
Balance $	528 98

Entered into Ledger, page .....or below.

Miscellaneous .....

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		May 2, 1955	528 98	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within .....days from date. Interest to accrue from maturity at the rate of .....% per annum.

Signed .....

Witness ..... Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry April 9 1955

Name of Deceased James Clifford Thomas

☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence 84 Martens Blvd. San Rafael ☐Husband ☐Wife ☐Widow of ..... Age of Husband or Wife (if living)..... Years

Charge to Everett Murphy

Address 428 Irwin St. San Rafael Cal

Order given by (or informant)

How Secured

If Veteran, Name of War Yes W.W.2

Occupation Carpenter (Social Security Number)

Employer and Address

Date of Death April 9 1955 (Mo.) (Day) (Yr.) (Hour)

Date of Birth ..... Age 52 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev. Buttrum Sonoma (Address)

Religion of the Deceased Prot.

Birthplace Sonoma

Resided in the State Life (or U. S. or City or County) (Years) (Months)

Place of Death Las Vegas, Nevada

Cause of Death Coronary Occlusion

Contributory Causes

Certifying Physician D. D. Carr (or Coroner)

His Address Las Vegas

Name of Father Richard B. Thomas

His Birthplace Ontario, Canada

Maiden Name of Mother Elesif Lancaster

Her Birthplace Canada

Date of Funeral April 14 - Thurs. 2 P.M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to

Size of Casket Taupe H. P. (State Color and Number)

Manufactured by Sutter Casket Co.

Cemetery / Crematory } Mt. Cemetery Sonoma

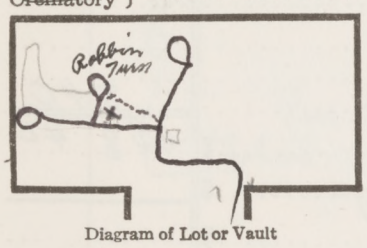

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

4-14-55 Took Statement

4/25/55 Filed with Gov'ment

4.73 - Less Emb. 50 = Complete Funeral (except outlays) 423	$	408 00
Casket		
Burial Vault or Box (State Kind)		15 -
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		2 04
Dressing Body, $ ..... Underwear, $		15
Suit or Dress (State Kind and Color)		2 19
Slippers, $ ..... Hose, $		3
Folding Chairs, $ ..... Tarpaulin, $		6 57
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from Las Vegas		170 -
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges Bunker Bros. Mortuary		83 00
Procuring Burial Permit (State Number and District)		5 -
___Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		60 -
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service Organ - June Beard		5 -
Rev. Buttrum		10 00
....line Death Notices in ..... Papers		
(Names of Newspapers)		
Sales Tax		6 57
Total Footing of Bill	$	762 57
Less 21. 15 - 30 days'	$	150 -
Balance	$	612 57

Entered into Ledger, page ..... or below.

Miscellaneous

Sent also a receipt from Ambulance plate + Bunker Bros.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward		$
6-5-55	By Payment Statement to Everett Murphy	$	$	May 13	By Payment Gov'ment	$ 150 -	$
7-12-55	" "	$	$		" "	$	$
	" "	$	$	July 22, 55	" Everett	$ 612 57	$
	" "	$	$		" Murphy	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Revised by W. W. Feineman, Long Beach, California

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry April 14 1955

Name of Deceased Vernon O. Campbell W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 1.8.315 Riverside Dr. Sonoma ☐Husband ☐Wife ☐Widow } Elected

or..... of } Age of Husband or Wife (if living)..... Years

Charge to Mrs. Lillie Campbell

Address abode

Order given by..... (or informant)

How Secured.....

If Veteran, Name of War W.W. I

Occupation Service Sta. Owner 570-26-4785 (Social Security Number)

Employer and Address self

Date of Death April 14, 1955 9:55 P. (Mo.) (Day) (Yr.) (Hour)

Date of Birth June 7, 1892 Age 62 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev. Cole Boyes H. Springs (Address)

Religion of the Deceased Prot.

Birthplace Illinois

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death District Hospital

Cause of Death.....

Contributory Causes Coronary Occlusion

.....

Certifying Physician Wm J. Newman M.D. (or Coroner)

His Address Sonoma

Name of Father John Campbell

His Birthplace.....

Maiden Name of Mother Elizabeth Doughty

Her Birthplace.....

Date of Funeral April 18 mon 10.9 M. (Date) (Day of Week) (Hour)

Motor Ship } Remains to.....

Size of Casket Golden Gate H.P. (State Color and Number)

Manufactured by Golden Gate

Cemetery Crematory } Chapel of the Chimes D.R.

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Miscellaneous.....

.....

4-30-55 Filed with ARA

Complete Funeral (except outlays)	$ 560	—
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		2.80 3.50
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		*
Slippers, $..... Hose, $		8.—
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation	40	—
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $..... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $..... Organist, $		
Railroad or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
~~Casket~~ Personal Service Rev. Cole	10	—
Music - June Bean - Dunbar	10	—
.....line Death Notices Posted Papers	5	—
(Names of Newspapers)		
Sales Tax	8	40
Total Footing of Bill	$ 638	40
Less 28.00 - 30 days	$	
Balance	$	
Entered into Ledger, page.....or below.		
Miscellaneous		

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
May 16, 1955	on acct	$ 100 —	$
June 3, 1955	" "	$ 100 —	$
July 5, 1955	" "	$ 100	$
July 11, 1955	on acct Bov	$ 150	$
Aug 5, 1955	Insurance Companies	Paid 188.40	

Insurance $..... Names of Lodges.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry April 16 1955

Name of Deceased Caroline Guilfoyle W.

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence 531 - 1st st E. Sonoma ☐Husband ☐Wife ☐Widow Joseph M.

Charge to Mrs. Charles H. Roitsch or ..... of Age of Husband or Wife (if living)..... Years

Address 1223 - 34th Ave S.F.

Order given by..... (or informant)

How Secured.....

If Veteran, Name of War no

Occupation at home None (Social Security Number)

Employer and Address.....

Date of Death April 16, 1955 4:30 P. (Mo.) (Day) (Yr.) (Hour)

Date of Birth Mar 9, 1871 Age 84 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev Richardson Sonoma (Address)

Religion of the Deceased Prot.

Birthplace Pennsylvania

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma

Cause of Death Myocardial Infarction

Contributory Causes.....

.....

Certifying Physician R. L. Scott M.D. (or Coroner)

His Address Sonoma Co. Hospital

Name of Father Wm Bradley

His Birthplace.....

Maiden Name of Mother Zone Lynch

Her Birthplace.....

Date of Funeral April 19 Tue 2 P. M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to.....

Size of Casket Grey ½ Ch. (State Color and Number)

Manufactured by Golden State C. Co.

Cemetery / Crematory } Mt Cemetery Sonoma

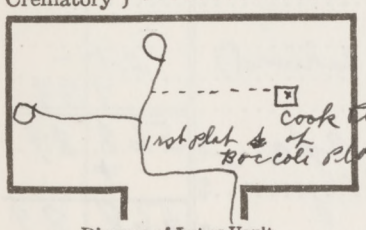

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Miscellaneous.....

.....

.....

Complete Funeral (except outlays) $		
Casket + Vesuvius (Pre arranged)	364	—
Burial Vault or Box (State Kind)	15	
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		182
Dressing Body, $..... Underwear, $		15
Suit or Dress (State Kind and Color)		197
Slippers, $..... Hose, $		3
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		591
Door Spray, $ ..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit ... Mt. Cem. (State Number and District)	5	—
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax $		
Outlay for Lot		
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb	60	—
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $		
Railroad / or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service Rev Richardson	10	—
Organ only - Oberle	5	—
...line Death Notices in Press Papers	3	61
(Names of Newspapers)		
Sales Tax	5	91
Total Footing of Bill $	468	52
Less ~~5%~~ ~~10 days~~ no extra disc. $		
Balance $		

Entered into Ledger, page.....or below.

Miscellaneous.....

.....

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
April 22 55	" "	$	$		" "	$ 468 52	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Revised by W. W. Feineman, Long Beach, California

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry April 16 1955

Name of Deceased Hazel Belle Stickel

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 17120 Park Ave Agua Caliente ☐Husband ☐Wife ☐Widow } George B.

or..... of } Age of Husband or Wife (if living)..... Years

Charge to George B. Stickel

Address 17120 Park Ave Sonoma

Order given by Children (or informant)

How Secured.....

If Veteran, Name of War none

Occupation Housewife None (Social Security Number)

Employer and Address.....

Date of Death April (Mo.) 16 (Day) 1955 (Yr.) 2:45 PM (Hour)

Date of Birth May (Mo.) 6 (Day) 1899 (Yr.) Age 55 (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman C.C. Champlin (Address)

Religion of the Deceased Prod.

Birthplace Los Angeles, Cal.

Resided in the State Life (or U. S. or City or County) (Years) (Months)

Place of Death General Hospital, S. Rosa

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician Lucius Button (or Coroner)

His Address S. Rosa

Name of Father Wm F. White

His Birthplace —

Maiden Name of Mother Mary E. Ellen

Her Birthplace —

Date of Funeral 4/19/55 (Date) Tues (Day of Week) 10 A.M. (Hour)

Motor / Ship } Remains to.....

Size of Casket Orched ½ ch. (State Color and Number)

Manufactured by Golden State C. Co.

Cemetery / Crematory } I.O.O.F. Lawn

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Miscellaneous.....

4-29-53 statement

Complete Funeral (except outlays)	$	526 —
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		2.63
Dressing Body, $..... Underwear, $		3.—
Suit or Dress (State Kind and Color)		1.89
Slippers, $..... Hose, $		7.—
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $		
Railroad / or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service Furnished own Singer Mrs Grinstead - ~~Cooke~~ no chg		~~10.—~~
....line Death Notices in Dem. Papers		5.—
Posted (Names of Newspapers)		5.—
Rev. C.C. Champlin (from Oakland)		25.—
Sales Tax		1.89
Total Footing of Bill c/c	$	568.89 +
Less 26.30 - 30 days	$	
Balance	$	568.89
Entered into Ledger, page.....or below.		26.30
Miscellaneous		542.59

Date		Amount Paid	Balance
	To Above Balance		
	By Payment		
	" "		
	" "		
	" "		
	" "		

Date		Amount Paid	Balance
	To Balance Forward		
	By Payment		
May 4, 1955	" full	542.59	
	" "		
	" "		
	" "		

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry April 25 1955

Name of Deceased Joseph H. Shannon W.

☒ Married ☐ Single ☐ Widowed ☒ Divorced (What Race)

Residence Rt. 1 Bx. 118 Glen Ellen ☐Husband ☐Wife ☐Widow or ..... of Ada

Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Ada Shannon

Address Above

Order given by ..... (or informant)

How Secured .....

If Veteran, Name of War No.

Occupation Lumber Man no. (Social Security Number)

Employer and Address Self

Date of Death April 25, 1955 2 P. (Mo.) (Day) (Yr.) (Hour)

Date of Birth April 29, 1866 Age 88 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev. Francis Biddes - Kenwood (Address)

Religion of the Deceased Prot.

Birthplace Monroe Co. Kentucky

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma Co. Hospital

Cause of Death Pulmonary edema

Contributory Causes Congestive Ht. failure Arteriosclerotic Ht. disease

Certifying Physician Ransom B. Turner M.D. (or Coroner)

His Address Sonoma Co. Hospital

Name of Father Robert D. Shannon

His Birthplace Kentucky

Maiden Name of Mother Mary Lena —

Her Birthplace Missouri

Date of Funeral April 29 Wed 2 P. M. (Date) (Day of Week) (Hour)

Motor Ship } Remains to .....

Size of Casket Golden Gate Casket (State Color and Number)

Manufactured by Above

Cemetery Crematory } Thompson Cem. Sonoma Mt.

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner .....

Miscellaneous.....

.....

5-16-55 Statement

Complete Funeral (except outlays) $	545
Casket	
Burial Vault or Box (State Kind)	15 —
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress (State Kind and Color)	27 50
Slippers, $ ..... Hose, $	15
Folding Chairs, $ ..... Tarpaulin, $	28 50 3
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	8. 6 250
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)	
Pall Bearer Service, $ .... Use of Chapel, $	
Gross Total for Sales Tax $	
Outlay for Lot	
Cremation	
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ .... of Temporary Vault, $	
Opening of Grave or Tomb	60. —
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $ ..... Singers, $ .... Organist, $	
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
Minister-Rev. Biddes-Themselves	
... line Death Notices in ..... Papers	
Singer-Sourbrey-Themselves also Organist (Names of Newspapers)	
Local Posted	5 00
Sales Tax	8. 63
Total Footing of Bill $	633 63
Less 28 00 $	28
Balance $	605. 63
special Disc. as agreed —	5 — 63
Entered into Ledger, page ..... or below.	600. 00
Miscellaneous	

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$	May 16 55	In full	600 /	$
	" "	$	$			$	$
	" "	$	$		"	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Revised by W. W. Feineman, Long Beach, California

28 563 3363

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RECORD OF FUNERAL

Total No. 0 Yearly No. Date of Entry April 28 1955

Name of Deceased Infant Daughter of James Robert Laurence W.

☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence 572 1st St. West Sonoma ☐Husband ☐Wife ☐Widow } or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to James Laurence (Jimmy)

Address Above

Order given by ..... (or informant)

How Secured .....

If Veteran, Name of War .....

Occupation None

(Social Security Number)

Employer and Address .....

Date of Death Stillborn April 28, 1955 - 8 A.M. (Mo.) (Day) (Yr.) (Hour)

Date of Birth Above Age ..... (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at None

Clergyman None (Address)

Religion of the Deceased Prot.

Birthplace Sonoma

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death Extensive Placental

Contributory Causes Infarcts

.....

Certifying Physician Wayne M. Craven M.D. (or Coroner)

His Address Sonoma

Name of Father Jagnes R. Laurence

His Birthplace Sonoma Calif.

Maiden Name of Mother Ethel Caroline Dare

Her Birthplace Colo.

Date of Funeral None - 4-29-55 Cremation M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

Size of Casket Evans Special - (State Color and Number)

Manufactured by Evans

Cemetery / Crematory } Chapel of the Chimes SR

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

6-15-55 - Placement

Complete Funeral (except outlays)	$	
Casket		No Charge
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Baby Land		12 50
Cremation		10 00
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
....line Death Notices in ..... Papers (Names of Newspapers)		
Sales Tax		
Total Footing of Bill	$	22 50
Less	$	
Balance	$	
Entered into Ledger, page ..... or below.		

Miscellaneous .....

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$		By Payment	$	$
	" "	$	$	Aug 4 55	" full	$ 22 50	$
	" "	$	$		"	$	$
	" "	$	$		"	$	$
	" "	$	$		"	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry... April 29. 19 55

Name of Deceased... Caroline Josephine Remington ... W.
☐ Married ☐ Single ☑ Widowed ☐ Divorced (What Race)

Residence 108 Hogan St. Vallejo ☐Husband ☐Wife ☐Widow or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Nellie Bishop

Address. above

Order given by ..... (or informant)

How Secured

If Veteran, Name of War No.

Occupation At home No. (Social Security Number)

Employer and Address

Date of Death April 29, 1955 7:10 P. (Mo.) (Day) (Yr.) (Hour)

Date of Birth June 8, 1857 Age 98 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at C. Chapel

Clergyman Rev. Morrill Danona (Address)

Religion of the Deceased Prot.

Birthplace Lyons Iowa

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death West Haven Sanitarium, Benecia

Cause of Death Hypostatic Pneumonia

Contributory Causes Lung Carcinoma

Breast Carcinoma

Certifying Physician John Van Buren M.D. (or Coroner)

His Address 334 East M. St. Vallejo

Name of Father Theodore Brandman, Germany

His Birthplace Dorothy H. Haerich, Germany

Maiden Name of Mother

Her Birthplace

Date of Funeral May 2, Mon. 2 P. M. (Date) (Day of Week) (Hour)

Motor Ship } Remains to

Size of Casket #8A Grey Arm (State Color and Number)

Manufactured by Golden State C. Co.

Cemetery Crematory } Mt. Cemetery Danona

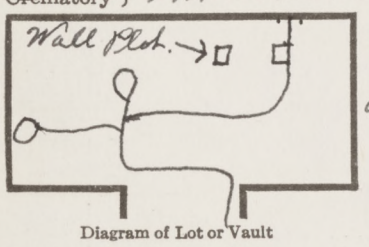

Diagram of Lot or Vault

Lot No. 1st Plot next to Road in same row as Wall Plot

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	145.
Casket		
Burial Vault or Box (State Kind)		15.
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		7.50
Dressing Body, $ ... Underwear, $		15.
Suit or Dress (State Kind and Color)		87.50
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		2,62.50
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		5.
___Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ 12.50 ... Palms, $ ... Matting, $		12.88
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb Pre-arranged		55.00
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad or Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
Minister - Morrill		10.00
line Death Notices in ... Papers		
No Notices (Names of Newspapers)		
Sales Tax		2.53
Total Footing of Bill	$	245.41
Less	$	
Balance	$	
Entered into Ledger, page ... or below.		

Miscellaneous

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
May 2, 1955	"	$	$
	" Paid in full	$ 245.41	$
	"	$	$
	"	$	$

Insurance $ ... Names of Lodges ... Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from maturity at the rate of ... % per annum.

Signed ...

Witness ... Address ...

Revised by W. W. Feineman, Long Beach, California

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry May 2 19 55

Name of Deceased Chester T. Weaver W
☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: 113 Donner Ave. Sonoma ☐Husband ☐Wife ☐Widow of Pearl
or..... of Age of Husband or Wife (if living)..... Years

Charge to: Mrs. Pearl Weaver

Address: above

Order given by: — (or informant)

How Secured:

If Veteran, Name of War: no

Occupation: Carpenter 572-16-5907 (Social Security Number)

Employer and Address: Mare Island

Date of Death: May 2, 1955 9:30 P. (Mo.) (Day) (Yr.) (Hour)

Date of Birth: June 16, 1905 Age 50 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at: Chapel

Clergyman: Rev. Morrill Sonoma (Address)

Religion of the Deceased: Prot.

Birthplace: El Verano, Calif.

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death: Home

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician: Wm. J. Newman M.D. (or Coroner)

His Address: Sonoma, Calif.

Name of Father: Frank Weaver

His Birthplace: Iowa

Maiden Name of Mother: Alta Chambers

Her Birthplace: Iowa

Date of Funeral: May 4, Wed. 10 A. M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to.....

Size of Casket: Taupe H. P. (State Color and Number)

Manufactured by: Sutter Casket Co.

Cemetery / Crematory } I.O.O.F. Cemetery, Sonoma

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Miscellaneous.....

.....

.....

Complete Funeral (except outlays)	$ 473	00
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $.....		2 36 50 3
Dressing Body, $..... Underwear, $.....		9 50
Suit or Dress (State Kind and Color)		7 01
Slippers, $..... Hose, $.....		7
Folding Chairs, $..... Tarpaulin, $.....		
Candelabrum, $..... Candles, $.....		
Door Spray, $..... Gloves, $.....		
Funeral Car, $..... Ambulance, $.....		
Limousines to Cemetery ..... @ $.....		
Extra Limousines ..... @ $.....		
Autos to R. R. Station ..... @ $.....		
Getting Remains from.....		
Taking Remains to.....		
Trip to Coroner's Inquest.....		
Delivering Box to.....		
Deliver Flowers to.....		
Removal Charges.....		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $.....		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $..... Palms, $..... Matting, $.....		
Rental of Tent, $.... of Temporary Vault, $....		
Opening of Grave or Tomb		
Lining Grave, $..... Lowering Device, $.....		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $.....		
Railroad / or Motor } Tickets, $..... Aero-plane Service, $.....		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service Organ		5 00
Minister - Rev. Morrill		10 00
___line Death Notices in ..... Papers		
Press Democrat (Names of Newspapers)		5 00
Local Fun. Notice		5 65
Sales Tax		7 10
Total Footing of Bill	$	505 25
Less 23.65 - 30 days	$	23 65
Balance	$	481 45
Entered into Ledger, page.....or below.		

Miscellaneous.....

.....

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$	May 18 55	By Payment In full	$ 481 45	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. ..... Yearly No. ..... Date of Entry May 5 1955

Name of Deceased Christian Jacobsen W.

☐ Married ☐ Single ☐ Widowed ☒ Divorced (What Race)

Residence Rt. 1 Bx 37 A. ☐ Husband ☐ Wife ☐ Widow or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mrs. A. J. Olsen

Address 1231 - East - 3rd St. Duluth, Minnesota

Order given by Mrs. James A. Brown (or informant)

How Secured Sonoma

If Veteran, Name of War No.

Occupation Laborer (Social Security Number)

Employer and Address Ret.

Date of Death May 5, 1955 11:05 P. (Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct. 24, 1880 Age 74 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev. James A. Brown Sonoma (Address)

Religion of the Deceased Prot.

Birthplace Denmark

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma County Hospital

Cause of Death Broncho-pneumonia

Contributory Causes Senility & debility

Generalized Arteriosclerosis

Certifying Physician ..... (or Coroner)

His Address Sonoma Co. Hospital

Name of Father Jens Jacobsen

His Birthplace Denmark

Maiden Name of Mother Marie

Her Birthplace .....

Date of Funeral May 7, 1955 Sat. 3 P. M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

Size of Casket #. 60 Grey Arm (State Color and Number)

Manufactured by Golden State C. Co.

Cemetery / Crematory } Valley Cemetery Sonoma

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

5-16-55 Statement

8-6-55

Complete Funeral (except outlays)	$ 145 -
Casket	
Burial Vault or Box (State Kind)	15 -
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit ~~or Dress~~, ~~Shirt Tie - x I.~~ (State Kind and Color)	10. 30
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	7.50
Door Spray, $ ..... Gloves, $	25
Funeral Car, $ ..... Ambulance, $	47.50
Limousines to Cemetery ..... @ $	3
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	2.92 50
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)	
Pall Bearer Service, $ .... Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot	
Cremation	
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ .... of Temporary Vault, $	
Opening of Grave or Tomb By friends N.C.	N.C.
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $ ..... Singers, $ .... Organist, $	
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced Leonard Rich N.C.	N.C.
Out of town Funeral Director's Charges	
Personal Service Organ, Mrs Brown N.C.	N.C.
Rev. Brown No chg.	N.C.
....line Death Notices in ..... Papers (Names of Newspapers)	
Sales Tax	2.53
Total Footing of Bill	$ 172 83
Less Special disc. for Rev. Brown	$ 16 00
Balance	$ 156 83

Entered into Ledger, page ..... or below.

Miscellaneous .....

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$	June 17, 55	" "	$ 25 -	$
	" "	$	$	Sept 1, 1955	" "	$ 31. 83	$
	" "	$	$	Nov 1, 1955	In full	$ 100 -	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Revised by W. W. Feineman, Long Beach, California

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mrs Louis J Johnson
1751 Filbert St
SF 23,

RECORD OF FUNERAL

Total No. 0 Yearly No. ..... Date of Entry May 6 1955

Name of Deceased Carmen Patricia Garcia W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence ~~3324~~ Arnold Dr. El Verano ☐ Husband ☐ Wife ☐ Widow of Lucio

Age of Husband or Wife (if living) ..... Years

Charge to Lucio Garcia

Address P.O. Bx 63 El Verano

Order given by abave (or informant)

How Secured:

If Veteran, Name of War no

Occupation at home no (Social Security Number)

Employer and Address

Date of Death May 6, 1955 6 a. (Mo.) (Day) (Yr.) (Hour)

Date of Birth March 17 1881 Age 73 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St Francis Solano

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Mexico

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death

Contributory Causes

Certifying Physician A. K. McGrath M.D. (or Coroner)

His Address Sonoma

Name of Father Vargas

His Birthplace Mexico

Maiden Name of Mother

Her Birthplace Mexico

Date of Funeral May 9 Mon 10 A.M. (Date) (Day of Week) (Hour)

Motor / Ship Remains to

Size of Casket #195½ Grey Arch (State Color and Number)

Manufactured by Golden State Co.

Cemetery / Crematory St. Francis Solano Sonoma

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

6-5-55 Alalemand

Complete Funeral (except outlays)	$	410
Casket		15-
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ Hair Dressing, $		
Dressing Body, $ Underwear, $		
~~Suit or~~ Dress 1 Lot 1 Pr 57 (State Kind and Color)		19- 5-7
Slippers, $ Hose, $		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		2.05
Door Spray, $ Gloves, $		3.4
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		23.9
Extra Limousines @ $		3
Autos to R. R. Station @ $		
Getting Remains from		7.17
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot 2 plots		200-
Cremation		
Flowers, $ Palms, $ Matting, $		
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb		25-
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ Singers, $ Organist, $		
Railroad / or Motor Tickets, $ Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service 2 C/C Masa		2.00 15-
line Death Notices in Papers (Names of Newspapers)		19.16
Daily Sun-News Examiner Local-Posted		5.15
		6.60
Sales Tax		717.48
Total Footing of Bill	$	
Less 21.25- 30 days	$	
Balance	$	

Entered into Ledger, page ..... or below.

Miscellaneous

GARCIA—In El Verano, Calif., May 6, 1955, Carmen Patricia Garcia, dearly beloved wife of Lucio Garcia of El Verano, beloved mother of Mrs. Josephine Garcia and Louis Johnson of S. F., grandmother of Juanita Carbonaro of Germany and Richard Garcia of S. F., idolized great-grandmother of Steven and Dolores Carbonaro of Germany, Juanita and Elena Garcia of S. F.; a native of Mexico, aged 73 years.

Friends are invited to attend the funeral services Monday, May 9, at 9:30 a. m., at the Chapel of Bates & Evans, Sonoma, Calif., thence to St. Francis Solano Church where Requiem Mass will be offered for the repose of her soul commencing at 10 a. m. Interment, St. Francis Solano Cemetery, Sonoma. Rosary will be recited Sunday evening, 8 o'clock.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	nce		$		To Balance Forward		$
		$	$		By Payment	$	$
		$	$	June 16 55	" "	$235 20	$
		$	$	July 20, 1955	Mrs. Johnson	$100 -	$
		$	$	July 24, 1955	Louis Johnson	$150 -	$
		$	$	Sept 1, 1955	C. Casari	$150 -	$
	Names of Lodges			Nov. 1, 55	Insurance Companies Garcia	82.28	

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry May 5 19 55

Name of Deceased Lena Wallman W.

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 20500 Bdway Sonoma ☐Husband ☐Wife ☐Widow } George

or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Frances Rubke (daughter)

Address Abave -

Order given by ..... (or informant)

How Secured .....

If Veteran, Name of War No

Occupation at home No. (Social Security Number)

Employer and Address .....

Date of Death May 5, Thurs - 1955 - 7 P. (Mo.) (Day) (Yr.) (Hour)

Date of Birth July 22, 1889 Age 66 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev. Van Ec. Sonoma (Address)

Religion of the Deceased Prot.

Birthplace Germany

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death Stanford Lane - S. F.

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician ..... (or Coroner)

His Address .....

Name of Father ..... Grande

His Birthplace Germany

Maiden Name of Mother - Disterheft

Her Birthplace Germany

Date of Funeral May 9, Mon 1 P. M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

Size of Casket # 83 Branca Co. Velvet Int. Cog 87 (State Color and Number) metalic ½

Manufactured by S. F. C. Co.

Cemetery / Crematory } Mt. Cemetery Sonoma

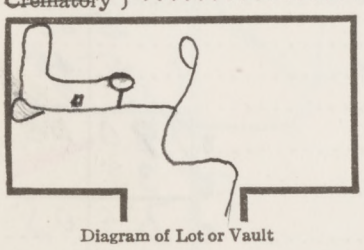

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

.....

6-5-55 statement

Complete Funeral (except outlays)	$ 608	00
Casket		
Burial Vault or Box (State Kind)	15	-
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		3.04
Dressing Body, $ ..... Underwear, $		1.5
Suit or Dress (State Kind and Color)		3.69
Slippers, $ ..... Hose, $		3
Folding Chairs, $ ..... Tarpaulin, $		9.57
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)	5	-
___Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb	60	-
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service ..... Marie themselves		
Minister Rev Van Ec. Themselves		
....line Death Notices in ..... Papers		
..... Local Posted (Names of Newspapers)	5	15
Sales Tax	9	57
Total Footing of Bill	$ 702	72
Less 31.15 - 30 days	$ 31	15
Balance	$ 671	57
Entered into Ledger, page .....or below.		

Miscellaneous .....

.....

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$	June 6, 1955	" Jn Full	$ 671 57	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. .... Yearly No. .... Date of Entry May 7 19 55

Name of Deceased Theresa Rose Udvic W. (What Race)

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence Box 26. El Verano, Calif. ☐Husband ☐Wife ☐Widow or of Joseph. Age of Husband or Wife (if living) .... Years

Charge to Joseph Udvic

Address above

Order given by .... (or informant)

How Secured ....

If Veteran, Name of War No

Occupation housewife no (Social Security Number)

Employer and Address ....

Date of Death May 7, 1955 3:05 a. (Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct 18, 1884 Age 70 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Francis Church

Clergyman .... (Address)

Religion of the Deceased Catholic

Birthplace Austria

Resided in the State .... (or U. S. or City or County) (Years) (Months)

Place of Death Ross Hospital Ross

Cause of Death ....

Contributory Causes ....

Certifying Physician .... (or Coroner)

His Address ....

Name of Father Marjetic

His Birthplace ....

Maiden Name of Mother Mary Marjetic

Her Birthplace ....

Date of Funeral May 10, Tue. 9:30 a. M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to ....

Size of Casket Metal ½ ch. (State Color and Number)

Manufactured by Sutter Casket Co.

Cemetery / ~~Crematory~~ St. Francis Solano Cem.

Lot No. ....

Grave No. ....

Section No. ....

Block No. ....

Owner ....

Diagram of Lot or Vault

Miscellaneous ....

Item	$	¢
Complete Funeral (except outlays) $	685	–
Casket		
Burial Vault or Box (State Kind)	15	–
Embalming Body (Name of Embalmer)		
Barber, $ ...... Hair Dressing, $		
Dressing Body, $ ...... Underwear, $		
~~Suit or~~ Dress 17.00 .74 .51 (State Kind and Color)	17	51
Slippers, $ ...... Hose, $		
Folding Chairs, $ ...... Tarpaulin, $		
Candelabrum, $ ...... Candles, $		
Door Spray, $ ...... Gloves, $		
Funeral Car, $ ...... Ambulance, $		
Limousines to Cemetery ...... @ $		
Extra Limousines ...... @ $		
Autos to R. R. Station ...... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___ Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ ...... Use of Chapel, $		
Gross Total for Sales Tax $		
Outlay for Lot		
Cremation		
Flowers, $ ...... Palms, $ ...... Matting, $		
Rental of Tent, $ ...... of Temporary Vault, $		
Opening of Grave or Tomb	25	–
Lining Grave, $ ...... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ...... Singers, $ ...... Organist, $		
Railroad or Motor } Tickets, $ ...... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service ...... Mass	15	–
Lodges 2 C/c	2	00
...line Death Notices in ...... Papers Sonoma – Examiner (Names of Newspapers)	19	66
Democrat	5	00
Local Posted	5	15
Sales Tax	10	73
Total Footing of Bill $	790	05
Less 35.00 30 days $	35	
Balance $	755	05
Entered into Ledger, page ...... or below.		

342.50
32
374.50
3
1.12350

Miscellaneous ....

UDVIC—In Ross; Calif., May 7, 1955, Theresa Rose Udvic, dearly beloved wife of Joe Udvic of El Verano, beloved mother of Jessie Payton of Santa Cruz, Mrs. Mary L. Lines, of La Mesa, Frank Pensar of Sonoma, Mrs. Leda Karr of San Rafael, and Mrs. Joy Kirch of Redding, also leaves ten grandchildren; a native of Austria; a member of Golden Gate Lodge, Slovenska Narodna, Jednota, American Fraternal Union of S. F., and the Elverano Improvement Club.

Friends are invited to attend the funeral services Tuesday, May 10, at 9 a. m. at the Chapel of Bates and Evans, Sonoma, Calif; thence to St. Francis Solano Church where a Requiem Mass will be offered for the repose of her soul commencing at 9:30 a. m. Interment, St. Francis Solano Cemetery, Sonoma. Rosary will be recited Monday evening, at 8 o'clock.

Date		Amount Paid		Balance		Date		Amount Paid		Balance	
	...nce			$			To Balance Forward			$	
		$		$			By Payment	$		$	
		$		$		May 16 55	In full	755	05		
		$		$			" "	$		$	
		$		$			" "	$		$	
		$		$			" "	$		$	

Insurance $ .... Names of Lodges .... Insurance Companies ....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to .... (Firm Name of Funeral Directors.) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within .... days from date. Interest to accrue from maturity at the rate of .... % per annum.

Signed ....

Witness .... Address ....

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry ...May 8.....19 55

Name of Deceased ..Rozella King..... W.....
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence 493 E. Mc Arthur St. Sonoma ☐Husband ☐Wife ☐Widow
or..... of } Age of Husband or Wife (if living)..... Years

Charge to ..Wilfred B. King.....

Address...a Same.....

Order given by..... (or informant)

How Secured.....

If Veteran, Name of War ...no.....

Occupation School girl X572-46-2371 (Social Security Number)

Employer and Address .....

Date of Death May 8, 1955 11:15 P.M. (Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct 30, 1936 Age 18 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel.....

Clergyman Rev. Russell Morris Sonoma (Address)

Religion of the Deceased ..Prot.....

Birthplace ..New Mexico.....

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death Glen Ellen Bonnecchia home

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician Vernon Silversheild (or Coroner)

His Address Santa Rosa, Calif.

Name of Father Wilfred B. King

His Birthplace Texas

Maiden Name of Mother Ellen L. Locke

Her Birthplace Kansas

Date of Funeral May 12 Thurs 2 P.M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

Size of Casket 4800 ½ Silk Plush Magnolia Orchid ½ (State Color and Number)

Manufactured by Golden State Co.

Cemetery / Crematory } Mt. Cemetery Sonoma

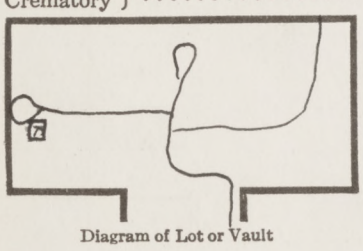

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Miscellaneous.....

6-5-55 Statement.....

.....

Complete Funeral (except outlays) ..... $	511	—
Casket		
Burial Vault or Box ..... (State Kind)	15	—
Embalming Body ..... (Name of Embalmer)		
Barber, $..... Hair Dressing, $		2550
Dressing Body, $..... Underwear, $		45
Suit or Dress ..... (State Kind and Color)		27.05 3
Slippers, $..... Hose, $		8.150
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit ..... (State Number and District)	5	—
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax ..... $		
Outlay for Lot		
Cremation		
Flowers, $..... Palms, $ ..... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb	60	—
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $		
Railroad / or Motor } Tickets, $..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service Organ-Owen Thomas	no	8 family
Minister Rev. Morris	10	
....line Death Notices in ..... Papers		
..... Posted ..... (Names of Newspapers)	5	15
.....		
.....		
Sales Tax	8	12
Total Footing of Bill ..... $	614	27
Less 26.30 - 30 days ..... $	26	30
Balance ..... $	587	87
Entered into Ledger, page .....or below.		
Miscellaneous		

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$	June 14, 1955	" full	$587 87	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Revised by W. W. Feineman, Long Beach, California

120

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry May 10 19 55

Name of Deceased Clarence Haynes W.

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence 313 - First St. West Sonoma ☐Husband ☐Wife ☐Widow or..... of } Pansy

Age of Husband or Wife (if living)..... Years

Charge to: Donald Haynes

Address... above

Order given by..... (or informant)

How Secured:

If Veteran, Name of War Yes, Army War Unk.

Occupation Ret Quartermaster 592-40-4094 (Social Security Number)

Employer and Address Naval Shipyard

Date of Death May (Mo.) 10, (Day) 1955 (Yr.) 9:50 P. (Hour)

Date of Birth Sept. (Mo.) 14, (Day) 1885 (Yr.) Age 70 (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev. Russell Morris Sonoma (Address)

Religion of the Deceased Prot.

Birthplace Missouri

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma Co. Hospital

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician Vernon Silversheld (or Coroner)

His Address: Santa Rosa, Calif.

Name of Father Elijah Haynes

His Birthplace.....

Maiden Name of Mother.....

Her Birthplace:.....

Date of Funeral May 13 (Date) Fri (Day of Week) 2 P. (Hour) M.

Motor / Ship } Remains to.....

Size of Casket 6/6 1526 H.P. Steele Gaberdene (State Color and Number)

Manufactured by Sutter 6 60

Cemetery / Crematory } Mt. Cemetery Sonoma

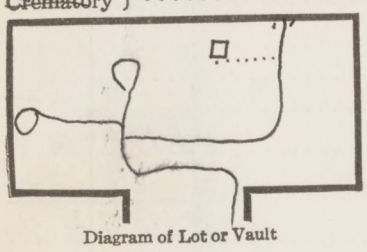

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Miscellaneous.....

.....

6-5-55 statement

Complete Funeral (except outlays) $	458	-
Casket		
Burial Vault or Box (State Kind)	150	-
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		2 29
Dressing Body, $..... Underwear, $		2 15
Suit or Dress (State Kind and Color)		15
Slippers, $..... Hose, $		2 44
Folding Chairs, $..... Tarpaulin, $		2 3
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		3 2
Funeral Car, $..... Ambulance, $		7 3
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)	5	-
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax $		
Outlay for Lot		
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb	60	-
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $		
Railroad / Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service Dan Ruggles Music	10	-
Rev. R. Morris	10	-
....line Death Notices in ..... Papers		
Napa Registers (Names of Newspapers)	3	-
Times Herald	5	-
Local Posted	2	15
Sales Tax	7	32
Total Footing of Bill $	578	47
Less 23.65 - 30 days $	305	00
Balance $	273	47

Entered into Ledger, page.....or below.

Miscellaneous.....

.....

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
Sept 30 55	By Payment	$ 200 00	$
	" "	$ 105 00	$
	" "	$	$ 305 00
	" "	$	$
	" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness.....

Address.....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry ...May 10.....19.55

Name of Deceased ...Curtis W. Rich..... W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence P.O.Bx. 265 Boyes Springs ☐Husband ☐Wife ☐Widow Lillian Pearl

or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Lillian Pearl Rich

Address. Above.

Order given by..... (or informant)

How Secured.....

If Veteran, Name of War Spanish American

Occupation Fireman X 560-10-8559 (Social Security Number)

Employer and Address Boyes Springs Fire Dept

Date of Death May 10, 1955 (Mo.) (Day) (Yr.) (Hour)

Date of Birth May 8, 1883 Age 72 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman..... (Address)

Religion of the Deceased Prot.

Birthplace Kansas

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death At sea off Bodega Bay

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician Vernon Silverhild (or Coroner)

His Address Santa Rosa, Calif.

Name of Father.....

His Birthplace.....

Maiden Name of Mother.....

Her Birthplace.....

Date of Funeral May 13, (Date) Friday (Day of Week) 11 A.M. (Hour)

Motor / Ship } Remains to.....

Size of Casket..... (State Color and Number)

Manufactured by.....

Cemetery / ~~Crematory~~ } Golden Gate National Cemetery

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Miscellaneous.....

.....

.....

Complete Funeral (except outlays)	$	283
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		14150
Barber, $ ... Hair Dressing, $		3
Dressing Body, $ ... Underwear, $		4250
Suit or Dress (State Kind and Color)		4.2.
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges. O'Leary's		20.00.
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad / or Motor } Tickets, $ ... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
Rev. Richardson		10.—
...line Death Notices in ... Papers		
Local (Names of Newspapers)		2.50.
Posted		5.15
Examiner		7.56
		4.25
Sales Tax		
Total Footing of Bill	$	332.46.
Less 14.15	$	14.15
Balance	$	318.31.
Entered into Ledger, page ... or below.		
Miscellaneous		

Date		Amount Paid		Balance		Date		Amount Paid		Balance	
	alance			$			To Balance Forward			$	
	t	$		$			By Payment	$		$	
		$		$		May 13,	on acct	$168	31	$	
		$		$		July 29, 1955	Settlement	$150	—	$	
		$		$			" "	$		$	
		$		$			" "	$		$	

RICH—At sea, May 10, 1955, Curtis William Rich, dearly beloved husband of Mrs. Lillian Pearl Rich of Boyes Hot Springs, beloved father of Mrs. Leona Wright of San Francisco, Curtis Rich Jr. of Honolulu, Mrs. Marie Baker of Redondo Beach, Franklin Rich of San Francisco, Charles Rich of Visalia, Mrs. Florence Stambook of Bakersfield, Lloyd Rich of San Francisco and John Rich of Boyes Hot Springs; a native of Kansas, aged 72 years. A member of Sonoma Bear Flag Post No. 1943 V.F.W. Friends are invited to attend the funeral services Friday, May 13, at 11 a. m. at the Chapel of Bates & Evans, Sonoma, California. Interment, Golden Gate National Cemetery, San Bruno.

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Revised by W. W. Feineman, Long Beach, California

122

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry May 13 1955

Name of Deceased Irene Genevieve Reynolds white

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Sebastiani Auto Court ☐Husband ☐Wife ☒Widow } Divorced

or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to George Block

Address Sebastiani Auto Court

Order given by " (or informant)

How Secured

If Veteran, Name of War none

Occupation at home 564-28-8566 (Social Security Number)

Employer and Address

Date of Death May (Mo.) 13 (Day) 55 (Yr.) 10:25 P.M. (Hour)

Date of Birth July (Mo.) 24 (Day) 1894 (Yr.) Age 60 (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev. Russel Morris (Address)

Religion of the Deceased Baptist

Birthplace Utah

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma Co. Hospital

Cause of Death Carcinoma of Cervix

Contributory Causes

Certifying Physician Percy DeLolead (or Coroner)

His Address Co. Hospital

Name of Father James Baines

His Birthplace England

Maiden Name of Mother Mary Louise Hedman

Her Birthplace Sweden

Date of Funeral 5/16/55 (Date) Mon (Day of Week) 10:17 A.M. (Hour)

Motor / Ship } Remains to

Size of Casket 19½ Grey ½ Ch. (State Color and Number)

Manufactured by Golden State C. Co

Cemetery / Crematory } Mt. Cem. Sonoma

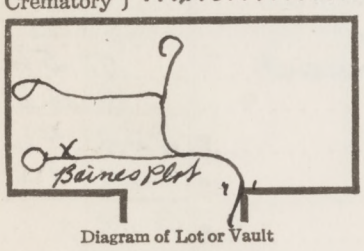

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

6/15/55 - Filed with ARG

Complete Funeral (except outlays) $	
Casket	410 —
Burial Vault or Box (State Kind)	15 —
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress Dress & Cape (State Kind and Color)	17 51
Slippers, $ Slip, Pantie & Hose ..... Hose, $	3 25
Folding Chairs, $ ..... Tarpaulin, $	2 05
Candelabrum, $ ..... Candles, $	1 50
Door Spray, $ ..... Gloves, $	1 75
Funeral Car, $ ..... Ambulance, $	3 15
Limousines to Cemetery ..... @ $	4 0 15
Extra Limousines ..... @ $	2 3
Autos to R. R. Station ..... @ $	7 20 45
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	5 —
___Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	
Pall Bearer Service, $ .... Use of Chapel, $	
Gross Total for Sales Tax $	
Outlay for Lot	
Cremation	
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ .... of Temporary Vault, $	
Opening of Grave or Tomb	60 —
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $ ..... Singers, $ .... Organist, $	
Railroad / Motor } Tickets, $ ..... Aero-plane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service Rev. Russel Morris	10 —
organ only June Bean	5 —
...line Death Notices in Papers	5 15
(Names of Newspapers)	
Sales Tax	6 60
Total Footing of Bill $	537 51
Less 21.25 - 30 days $	
Balance $	

Entered into Ledger, page ..... or below.

Miscellaneous

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$	Dec 13-55	" "	$537 51	$
	" "	$	$		" " Jr Tuttle		$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to .....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry May 14 19 55

Name of Deceased Pietro Boccoli W.

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence 103 East Napa - Sonoma ☐Husband ☐Wife ☐Widow } Age of Husband or Wife (if living)..... Years
or..... of

Charge to Mrs R. L. Vann daughter

Address 138 Edison Ave. Corte Madera Cal -

Order given by..... (or informant)

How Secured.....

If Veteran, Name of War No

Occupation Grocery Store X 557-50-3743 (Social Security Number)

Employer and Address.....

Date of Death May 14, 1955 - 10:15 P. (Mo.) (Day) (Yr.) (Hour)

Date of Birth Mar. 9, 1867 Age 88 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Francis Church

Clergyman..... (Address)

Religion of the Deceased Catholic

Birthplace Genoa Italy -

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death Home -

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician..... (or Coroner)

His Address.....

Name of Father Pietro Boccoli

His Birthplace Italy

Maiden Name of Mother Catherine Berangantino

Her Birthplace Italy -

Date of Funeral May 17 - Tue - 9:30 A.M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to.....

Size of Casket 15-23 C/712 - H.P. - 807 (State Color and Number)

Manufactured by Golden Gate Co.

Cemetery / Crematory } Mt. Cemetery Sonoma

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Miscellaneous.....

.....

$ 6-15-54

Complete Funeral (except outlays) $	545 -
Casket	
Burial Vault or Box (State Kind)	15 -
Embalming Body (Name of Embalmer)	
Barber, $..... Hair Dressing, $	
Dressing Body, $..... Underwear, $	27 50
Suit or Dress (State Kind and Color)	15
Slippers, $..... Hose, $	28 50 3
Folding Chairs, $..... Tarpaulin, $	
Candelabrum, $..... Candles, $	8 62 50
Door Spray, $..... Gloves, $	
Funeral Car, $..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	5 -
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)	
Pall Bearer Service, $.... Use of Chapel, $	
Gross Total for Sales Tax $	
Outlay for Lot	
Cremation	
Flowers, $..... Palms, $..... Matting, $	
Rental of Tent, $.... of Temporary Vault, $	
Opening of Grave or Tomb	60 -
Lining Grave, $..... Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $..... Singers, $.... Organist, $	
Railroad / Motor } Tickets, $..... Aero-plane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service Messrs	15 -
....line Death Notices in..... Papers	
Posted Local (Names of Newspapers)	5 - 15 -
Embalment 1 day	8 - 40
	8 63
Sales Tax	
Total Footing of Bill $	662 18
Less 28.00 - 30 days $	
Balance $	

Entered into Ledger, page.....or below.

Miscellaneous.....

.....

BOCCOLI—In Sonoma, Calif., May 14 1955, Pietro Boccoli, husband of the late Maria Boccoli, beloved father of Mrs. Robert L. Vann of Corte Madera and Peter A. Boccoli of Sonoma, loving brother of Mrs. Mary Castagnasso of Sonoma and the late Amelia Cuicci; a native of Italy; aged 88 years; a 50 year honorary member of Sonoma Grove No. 75, U. A. O. D.
Friends are invited to attend the funeral service Tuesday, May 17, at 9 a. m., at the Chapel of Bates & Evans, Sonoma, Calif., thence to St. Francis Solano Church where a Requiem Mass will be offered for the repose of his soul commencing at 9:30 a. m. Interment, Mt. Cemetery, Sonoma. Rosary will be recited Monday evening at 8 o'clock.

	Amount Paid		Balance		Date		Amount Paid		Balance	
ance			$			To Balance Forward			$	
	$		$			By Payment	$ 300	-	$	
	$		$		June 10, 1955	on acct	$		$	
	$		$			" Mrs Vann	$ 362	18	$	
	$		$		July 11, 1955	" Mrs Vann	$		$	
	$		$			" "	$		$	

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Revised by W. W. Feineman, Long Beach, California

124

RECORD OF FUNERAL

Total No.... Yearly No.... Date of Entry ...May 17.....19 55

Name of Deceased ...Marjorie Glover Lloyd..... W.
☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence 773 Austin Way, Sonoma ☐Husband ☐Wife ☐Widow } .....
or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mrs. John P. Wellas Jr.

Address Above

Order given by ..... (or informant)

How Secured .....

If Veteran, Name of War No.

Occupation Saleswoman X 553-34-1262 (Social Security Number)

Employer and Address Penn. Mutual Life Ins. Co.

Date of Death May 17, 1955 (Mo.) (Day) (Yr.) 6:40 P.M. (Hour)

Date of Birth Aug. 8, 1899 (Mo.) (Day) (Yr.) Age 55 (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev. Harold St. George Buttrum (Address)

Religion of the Deceased Prot.

Birthplace Sinnickley, Pennsylvania

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma District Hospital

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician Wm. J. Newman M.D. (or Coroner)

His Address Sonoma, Calif.

Name of Father Albert Gould Glover

His Birthplace Mass.

Maiden Name of Mother Susan Bates Cowing

Her Birthplace Mass.

Date of Funeral May 19 (Date) Thurs. (Day of Week) 11 A.M. (Hour)

Motor / Ship } Remains to .....

Size of Casket 19½ Grey ½ ch. (State Color and Number)

Manufactured by Golden State Casket Co.

Cemetery / Crematory } Chapel of the Chimes

Diagram of Lot or Vault

Lot No. .....
Grave No. .....
Section No. .....
Block No. .....
Owner .....

Miscellaneous .....

.....

.....

Complete Funeral (except outlays) ..... $	425	—
Casket		
Burial Vault or Box ..... (State Kind)		
Embalming Body ..... (Name of Embalmer)		40
Barber, $ ..... Hair Dressing, $		27 50 3
Dressing Body, $ ..... Underwear, $		10
Suit or Dress ..... (State Kind and Color)		37 50
Slippers, $ ..... Hose, $		6
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit ..... (State Number and District)		
___Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax ..... $		
Outlay for Lot		
Cremation	45	—
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
....line Death Notices in ..... Papers		
..... S. F. Examiner (Names of Newspapers)	7	56
..... Chronicle	7	20
..... 1 c/c	1	00
Sales Tax	6	38
Total Footing of Bill ..... $	502	14
Less 21.25 - 30 days' ..... $	21	25
Balance ..... $	480	89
Entered into Ledger, page ..... or below.	8	11
Miscellaneous	489	00

C/ Chimes Ship ashes

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
June 15 55	By Payment In full	$ 489 —	$
	" "	$	$
	" "	$	$
	" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry ....May 7 .....19 55

Name of Deceased Joseph Schallbetters ..... W -
☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence Toscano Hotel Sonoma ☐Husband ☐Wife ☐Widow } .....
or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Pre-Arranged -

Address .....

Order given by ..... (or informant)

How Secured .....

If Veteran, Name of War No.

Occupation Gardener No. (Social Security Number)

Employer and Address .....

Date of Death May 7, 1955 5 P. (Mo.) (Day) (Yr.) (Hour)

Date of Birth June 5, 1872 Age 82 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Frances

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Switzerland

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death Little Sisters of the Poor Oakland

Cause of Death Arteriosclerotic Ht. disease

Contributory Causes .....

.....

Certifying Physician C. E. Peacock M.D. (or Coroner)

His Address 39-E. 14th St. San Leandro

Name of Father Frank Schallbetter

His Birthplace Switzerland

Maiden Name of Mother Marie Isenhoff

Her Birthplace Switzerland

Date of Funeral May 11 - Wed. 9:30 A. M. (Date) (Day of Week) (Hour)

Motor Ship } Remains to .....

Size of Casket #8.0 Grey Arm - (State Color and Number)

Manufactured by Golden State Co. Co.

Cemetery Crematory } St. Francis Dolans Chpl -

Diagram of Lot or Vault

Lot No. .....
Grave No. .....
Section No. .....
Block No. .....
Owner .....

Miscellaneous .....

.....

.....

Complete Funeral (except outlays) ..... $	145 -
Casket	
Burial Vault or Box ..... (State Kind)	15 -
Embalming Body ..... (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress ..... (State Kind and Color)	12.50
Slippers, $ ..... Hose, $	15
Folding Chairs, $ ..... Tarpaulin, $	7.50
Candelabrum, $ ..... Candles, $	8.3
Door Spray, $ ..... Gloves, $	7.50
Funeral Car, $ ..... Ambulance, $	20
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges Balance Applied on Emb.	9.27
Procuring Burial Permit Dr. Freeman Cert. ..... (State Number and District)	1.00
___Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)	
Pall Bearer Service, $ .... Use of Chapel, $	
Gross Total for Sales Tax ..... $	
Outlay for Lot ..... Grave -	20 -
Cremation	
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ .... of Temporary Vault, $	
Opening of Grave or Tomb as Pre-arranged	15 -
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $ ..... Singers, $ .... Organist, $	
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service ..... Mass	15 -
.....	
..... line Death Notices in ..... Papers	
..... Local - (Names of Newspapers)	5 - 15 -
.....	
.....	
Sales Tax	2.63
Total Footing of Bill ..... $	228.05
Less ..... $	
Balance ..... $	
Entered into Ledger, page ..... or below.	

Miscellaneous .....

.....

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance				To Balance Forward		
	By Payment				By Payment		
	" "			May 18, 1955	" Full	$228.05	
	" "				"		
	" "				" "		
	" "				" "		

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Revised by W. W. Feineman, Long Beach, California

126

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry May 29 1955

Name of Deceased Antonio Farne W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 1707 Sonoma Hway Agua Caliente ☐Husband ☐Wife ☐Widow or ..... of Martha

Charge to Mrs. Martha Farne Age of Husband or Wife (if living)..... Years

Address above

Order given by..... (or informant)

How Secured.....

If Veteran, Name of War.....

Occupation Lumber man (Social Security Number)

Employer and Address.....

Date of Death May 29 1955 7:50 A. (Mo.) (Day) (Yr.) (Hour)

Date of Birth Mar. 17, 1881 Age 74 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Francis

Clergyman..... (Address)

Religion of the Deceased Catholic

Birthplace Italy

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma Co. Hospital

Cause of Death C.S.H.D.

Contributory Causes.....

.....

Certifying Physician..... (or Coroner)

His Address Sonoma Co. Hospital

Name of Father Antonio Farne

His Birthplace Italy

Maiden Name of Mother Jane Bufalli

Her Birthplace Italy

Date of Funeral June 1, Wed 9:30 A.M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to.....

Size of Casket #195 Gray H.P. (State Color and Number)

Manufactured by Golden State C. Co.

Cemetery / Crematory } St. Francis Solano Cem.

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Miscellaneous.....

6-14-55 Statement

Complete Funeral (except outlays)	$ 391	—
Casket		
Burial Vault or Box (State Kind)	135	—
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		1.50
Dressing Body, $..... Underwear, $		19.50
Suit or Dress (State Kind and Color)		15.50
Slippers, $..... Hose, $		24.00
Folding Chairs, $..... Tarpaulin, $		3.50
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		7.50
Funeral Car, $..... Ambulance, $		6.00
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to	10	30
Removal Charges		
Procuring Burial Permit		
___Certif. Copies of Death Certificates No.___ (State Number and District)		
Pall Bearer Service, $..... Use of Chapel, $ (State Physician's or Coroner's)		
Gross Total for Sales Tax ..... $		
Outlay for Lot one Grave	100	—
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $..... of Temporary Vault, $		
Opening of Grave or Tomb	25	00
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $..... Organist, $		
Railroad / or Motor } Tickets, $..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service Mass	15	00
....line Death Notices in ..... Papers		
..... Local (Names of Newspapers)	5	15
Sales Tax	6	32
Total Footing of Bill ..... $	567	77
Less 20.30 - 30 days ..... $	20	30
Balance ..... $	540	47

Allow disc. to July 22

Entered into Ledger, page..... or below.

Miscellaneous.....

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$	July 29 55 In full	" "	$ 540 47	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry...May 31.....19.55

Name of Deceased. Ina Groom ..... White
(What Race)

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence. 290 Chase St. Sonoma ☐Husband ☐Wife ☐Widow } Elijah
or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Daniel L. Ruggles (daughter)

Address. above

Order given by.....
(or informant)

How Secured.....

If Veteran, Name of War No.

Occupation. At home
(Social Security Number)

Employer and Address .....

Date of Death May 31, 1955 11 A.
(Mo.) (Day) (Yr.) (Hour)

Date of Birth July 2, 1874 Age 80
(Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman. Rev. Marrill - O.E.S. Sonoma
(Address)

Religion of the Deceased... Prot.

Birthplace Jamestown, Kentucky

Resided in the State.....
(or U. S. or City or County) (Years) (Months)

Place of Death. Home

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician. Carroll B. Andrews M.D.
(or Coroner)

His Address Sonoma Calif.

Name of Father. John Haynes

His Birthplace Kentucky

Maiden Name of Mother. Elizabeth Turner

Her Birthplace Indiana

Date of Funeral. June 3 Fri. 1 P.M.
(Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

Size of Casket. 4538 - Cav. 272
(State Color and Number)

Manufactured by. S.F. Co. Ca.

Cemetery / Crematory } I.O.O.F. Com. Santa Rosa

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Miscellaneous.....

6-14-55 statement

Complete Funeral (except outlays) ..... $	510	-
Casket		
Burial Vault or Box ..... (State Kind)		
Embalming Body ..... (Name of Embalmer)		
Barber, $..... Hair Dressing, $.....		
Dressing Body, $..... Underwear, $.....		25 5
Suit or Dress ..... (State Kind and Color)		3
Slippers, $..... Hose, $.....		7 6 5
Folding Chairs, $..... Tarpaulin, $.....		
Candelabrum, $..... Candles, $.....		
Door Spray, $ ..... Gloves, $.....		
Funeral Car, $ ..... Ambulance, $.....		
Limousines to Cemetery ..... @ $.....		
Extra Limousines ..... @ $.....		
Autos to R. R. Station ..... @ $.....		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit ..... (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $.....		
Gross Total for Sales Tax ..... $		
Outlay for Lot		
Cremation		
Flowers, $..... Palms, $..... Matting, $.....		
Rental of Tent, $.... of Temporary Vault, $....		
Opening of Grave or Tomb		
Lining Grave, $..... Lowering Device, $.....		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $.....		
Railroad / or Motor } Tickets, $..... Aero-plane Service, $.....		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service (Mrs. Oberle) Myra Tyler	5	00
Rev. Marrill	10	-
....line Death Notices in..... Papers		
S.F. Call	5	15
(Names of Newspapers) Press Democrat	5	00
Sales Tax	7.	65
Total Footing of Bill ..... $	542 5-	80
Less 25-50- 30 days ..... $		
Balance ..... $	547. 25-	80 50
Entered into Ledger, page ..... or below.	522	30

Miscellaneous. 5% Declined by Oberle Dept to Congregational Church Organ Fund.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$	July 4, 1955	By E.J. Groom	$ 300 +6-	$ 7-11-55 Rec'd
	" "	$	$	" "	" James Groom	$ 222 14	$
	" "	$	$		"	$	$
	" "	$	$		"	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness.....

Address.....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry June 6 1955

Name of Deceased Bruna Causa W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 2661 Fremont Dr. Santa Rosa ☐Husband ☐Wife ☐Widow } Louis

or..... of } Age of Husband or Wife (if living)..... Years

Charge to Louis Causa

Address Above

Order given by..... (or informant)

How Secured.....

If Veteran, Name of War No

Occupation Housewife No. (Social Security Number)

Employer and Address.....

Date of Death June 6, 1955 3:30 P.M. (Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct. 13, 1899 Age 55 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Frances

Clergyman..... (Address)

Religion of the Deceased Catholic

Birthplace Italy

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician Vernon Silvers Sheild (or Coroner)

His Address Santa Rosa, Cal.

Name of Father Antonio Degetto

His Birthplace Italy

Maiden Name of Mother Amelia Cardelli

Her Birthplace Italy

Date of Funeral June 10, Friday 10:30 A.M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to.....

Size of Casket #4538 Hi pile Cou 272 (State Color and Number)

Manufactured by S. F. Casket Co.

Cemetery / Crematory } Calvary Cem. Santa Rosa

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Miscellaneous.....

.....

7/4/55 Statement

Complete Funeral (except outlays)	$ 510	
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		2.50 3
Dressing Body, $ ..... Underwear, $		6.50
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		7.00
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service ..... Nurse		15.00
....line Death Notices in ..... Papers		
..... Local (Names of Newspapers)		5.15
Sales Tax		7.65
Total Footing of Bill	$	537.80
Less 25.50 30 days	$	25.50
Balance	$	512.30
Entered into Ledger, page ..... or below.		

Miscellaneous.....

.....

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$		By Payment	$	$
	" "	$	$	July 5, 1955	" Ins. acct	$ 412.30	$
	" "	$	$	July 7, 1955	"	$ 100.00	$
	" "	$	$		"	$	$
	" "	$	$		"	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Revised by W. W. Feineman, Long Beach, California

AA FORM AC-1C
PRINTED IN U.S.A.

AMERICAN AIRLINES, Inc.

AIRfreight

UNIFORM AIRBILL
NON-NEGOTIABLE

AIRBILL NUMBER (INSERTED BY CARRIER)
01-SFO-874676

FROM (CONSIGNOR) BATES & EVANS
CONSIGNOR'S STREET ADDRESS P O Box 535
CITY ~~SONOMA~~ ZONE STATE SONOMA CAL
BY X A. Warren Turney
CONSIGNOR'S NO.

TO (CONSIGNEE) A. C. HEMPERLEY & SONS
CONSIGNEE'S STREET ADDRESS EAST POINT
CITY ~~E~~ ATLANTA. GEO. ZONE STATE
DESTINATION AIRPORT CITY ATL
CONSIGNEE'S NO.

Routing: Airline Routing Applies Unless Shipper Inserts Specific Routing Here

DECLARED VALUE $ Agreed and understood to be not more than the value stated in the governing tariffs for each pound on which charges are assessed, unless a higher value is declared and applicable charges paid thereon.

RECEIVED BY CARRIER AT (CHECK ONE)
☐ CONSIGNOR'S DOOR ☐ CITY TERMINAL ☒ AIRPORT TERMINAL

DELIVERY Will be made to the Consignee at points where delivery service is available unless otherwise specified below.
☐ CITY TERMINAL ☒ AIRPORT TERMINAL

CHARGES (CHECK ONE) ☒ PREPAID ☐ COLLECT

No. of Pieces	DESCRIPTION OF PIECES AND CONTENTS	WEIGHT	AIRLINE ROUTING TO	AIRLINE ROUTING VIA	RATE	CHARGES
1	HUMAN REMAINS OF JOHN ROY JAMES	440	DAL	AAL	26 27	11 59
			ATL	DAL	13 20	5 08

Instructions to Carrier: NOTIFY ON ARRV

IMPORTANT. Write or print clearly. Carrier will complete all items below bold line, EXCEPT CONSIGNOR'S C. O. D. Weights are subject to correction.

DIMENSIONS ____ X ____ X ____ = ____ CU. IN.

DIMENSIONAL WEIGHT. OK

$ 178.88 RECEIVED TO APPLY IN PRE-PAYMENT OF THE CHARGES ON THE PROPERTY DESCRIBED HEREON. CHECK

BY R V Gonzales AGENT

IT IS MUTUALLY AGREED THAT THE GOODS HEREIN DESCRIBED ARE ACCEPTED IN APPARENT GOOD ORDER (EXCEPT AS NOTED) FOR TRANSPORTATION AS SPECIFIED HEREIN, SUBJECT TO GOVERNING CLASSIFICATIONS AND TARIFFS IN EFFECT AS OF THE DATE HEREOF WHICH ARE FILED IN ACCORDANCE WITH LAW. SAID CLASSIFICATIONS AND TARIFFS, COPIES OF WHICH ARE AVAILABLE FOR INSPECTION BY THE PARTIES HERETO, ARE HEREBY INCORPORATED INTO AND MADE PART OF THIS CONTRACT.

RECEIVED BY AMERICAN AIRLINES, INC.
(NAME OF AIR CARRIER)
Agent R V Gonzales
(SIGNATURE OF AGENT)
At SAN FRANCISCO CAL.
Date JUN 15 19 Time 11 45 A. M. P. M. '55

SUMMARY OF CHARGES	PREPAID CHARGES	COLLECT CHARGES
Weight - Rate Charge	173 67	
Pick up Charge		
Delivery Charge		
Excess Value Transportation Charge		
Transportation Charges Advanced		
Sub-Total	173 67	
Transportation Tax	5 21	
Other Charges Advanced		
CONSIGNOR'S C. O. D.	XX X	
C. O. D. Fee		
Insurance Charge		
TOTAL CHARGES	178.88	

☒ CASH ☐ CHARGE

1 CONSIGNOR'S RECEIPT - NOT AN INVOICE

Casket No. 9560
Size 6/3
Covering Gray Amer Lined Rego
Description 338- Rdls

Amount Paid	Balance	Date		Amount Paid	Balance
	$		To Balance Forward		$
	$		By Payment	$	$
	$	June 15, 1955	Pay Telegram	$ 394 88	$
	$	" money	on Person.	$ 6 34	$
	$	July 28	"Draft	$ 21 00	$
	$		"on"	$	$
			Insurance Companies	Our Ck # 5974 amt 6.34 sent to Jim Dee - Over chg -	

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

AA FORM AC-1C
PRINTED IN U.S.A.

AMERICAN AIRLINES, INC.

AIRFreight

UNIFORM AIRBILL
NON-NEGOTIABLE

AIRBILL NUMBER (INSERTED BY CARRIER)

01-576 - 874675

FROM (CONSIGNOR) PATSY EVANS

CONSIGNOR'S STREET ADDRESS P.O. Box 533

CITY Sonoma ZONE STATE Cal.

BY X

CONSIGNOR'S NO.

DECLARED VALUE Agreed and understood to be not more than the value stated in the governing tariffs for each pound on which charges are assessed, unless a higher value is declared and applicable charges paid thereon. $

RECEIVED BY CARRIER AT (CHECK ONE)

☐ CONSIGNOR'S DOOR ☐ CITY TERMINAL ☒ AIRPORT TERMINAL ☐ CITY TERMINAL

DELIVERY Will be made to the Consignee at point where delivery service is available unless otherwise specified below.

☒ AIRPORT TERMINAL

CHARGES (CHECK ONE) ☒ PREPAID ☐ COLLECT

Routings: Airline Routing Applies Unless Shipper Inserts Specific Routing Here.

TO (CONSIGNEE) A. G. Hemphelreys Ms

CONSIGNEE'S STREET ADDRESS EAST Main

CITY Atlanta ZONE STATE Geo.

DESTINATION AIRPORT CITY ATL

CONSIGNEE'S NO.

No. of Pieces	DESCRIPTION OF PIECES AND CONTENTS	WEIGHT	AIRLINE ROUTING TO	AIRLINE ROUTING VIA	RATE	CHARGES
1	HUMAN REMAINS OF	490	DAL	AA 2437	11.59	
	JOHN ROY JAMES		ATL	DAL 1320	5.80	

IMPORTANT. Write or print clearly. Carrier will complete all items below bold line, EXCEPT CONSIGNOR'S C. O. D. Weights are subject to correction.

DIMENSIONS ____ CU. IN. ____ = ____ x ____ x ____

DIMENSIONAL WEIGHT

RECEIVED TO APPLY IN PRE-PAYMENT OF THE CHARGES ON THE PROPERTY DESCRIBED HEREON.

AGENT

BY

IT IS MUTUALLY AGREED THAT THE GOODS HEREIN DESCRIBED ARE ACCEPTED IN APPARENT GOOD ORDER (EXCEPT AS NOTED) FOR TRANSPORTATION AS SPECIFIED HEREIN, SUBJECT TO GOVERNING CLASSIFICATIONS AND TARIFFS IN EFFECT AS OF THE DATE HEREOF WHICH ARE FILED IN ACCORDANCE WITH LAW. SAID CLASSIFICATIONS AND TARIFFS, COPIES OF WHICH ARE AVAILABLE FOR INSPECTION BY THE PARTIES HERETO, ARE HEREBY INCORPORATED INTO AND MADE PART OF THIS CONTRACT.

RECEIVED BY AMERICAN AIRLINES, INC.

Agent (NAME OF AIR CARRIER)

At SAN FRANCISCO, CAL. (SIGNATURE OF AGENT)

Date Nov 15 1 45 55 A.M. P.M. 19

1 CONSIGNOR'S RECEIPT - NOT AN INVOICE

SUMMARY OF CHARGES	PREPAID CHARGES	COLLECT CHARGES
Weight - Rate Charge	1 73 47	
Pick up Charge		
Delivery Charge		
Excess Value Transportation Charge		
Transportation Charges Advanced		
Sub-Total	1 73 47	
Transportation Tax	5 31	
Other Charges Advanced		
CONSIGNOR'S C. O. D.	XXX	
C. O. D. Fee		
Insurance Charge		
TOTAL CHARGES	178 78	

☒ CASH ☐ CHARGE

By Payment			$		$				By Payment		$			$	
" "			$		$		July 5, 1935		" an. acct		$ 4	12	30	$	
" "			$		$		July 7, 1935		"		$ 100			$	
" "			$		$				"		$			$	
" "			$		$				"		$			$	

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry June 10 1955

Name of Deceased John Roy James W.

☑ Married ☐ Single ☐ Widowed ☒ Divorced (What Race)

Residence Eldorado Hotel Atlanta ☐Husband ☐Wife ☐Widow } ..... or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to G. C. Hemperley & Sons Mortuary

Address Atlanta Georgia

Order given by East Point By Tel

How Secured Mothers Name - Mrs. J. P. Bobo - 995 Beckner ave (or informant) No. S.W. Atlanta Georgia

If Veteran, Name of War .....

Occupation Cook X254-28-5519 (Social Security Number)

Employer and Address Don's Restaurant

Date of Death June 10 1955 - 9, M (Mo.) (Day) (Yr.) (Hour)

Date of Birth Mar. 10 1914 Age 41 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Atlanta Georgia

Clergyman ..... (Address)

Religion of the Deceased .....

Birthplace Georgia

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death Eldorado Hotel

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician Vernon Silvershield (or Coroner)

His Address Santa Rosa Cal.

Name of Father Henry H. James

His Birthplace S. Carolina

Maiden Name of Mother Lillian Lanefay

Her Birthplace Georgia

Date of Funeral ? (Date) (Day of Week) (Hour) M.

Motor Ship } Remains to .....

Size of Casket 9560 Grey Amer (State Color and Number)

Manufactured by A-7 Casket Co.

Cemetery Crematory } Atlanta, Georgia

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

.....

.....

Complete Funeral (except outlays)	$	235 —
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		o/s
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for ~~Lot~~ Fares to Atlanta		178 88
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane } Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
2 C/C		2 00
....line Death Notices in .... Papers (Names of Newspapers)		
Sales Tax .... Out of State		
Total Footing of Bill ~~Out~~	$	415 88
Less	$	
Balance	$	

Entered into Ledger, page ..... or below.

Miscellaneous .....

.....

Casket No. 9560
Size 6/3
Covering Gray Amer
Description Lined Rego 338- Rdls

Amount Paid		Balance		Date		Amount Paid		Balance	
		$			To Balance Forward			$	
		$			By Payment	$		$	
		$		June 15, 1955	by Telegram	$ 394	88	$	
		$		money	on Person	$ 6	34	$	
		$		July 21	"Draft"	$ 21	00	$	
		$			"Draft"	$		$	

Insurance Companies Our Ck # 5974 amt 6.34 Sent to Fun Dir - Over chg -

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Revised by W. W. Feineman, Long Beach, California

130

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry June 14 19 55

Name of Deceased Alfred Joseph Allard W.
(What Race)
☐ Married ☑ Single ☒ Widowed ☐ Divorced

Residence 815 Martin St. Glen Ellen ☐Husband ☐Wife ☐Widow of ..... Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Mae Leute

Address 815 Martin St. Glen Ellen

Order given by .....
(or informant)

How Secured .....

If Veteran, Name of War No. X571-32-0316

Occupation Ret. Attendant
(Social Security Number)

Employer and Address Sonoma State Hospital

Date of Death June 14, 1955 2:40 P.
(Mo.) (Day) (Yr.) (Hour)

Date of Birth Dec 18, 1869 Age 85
(Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Francis Church

Clergyman .....
(Address)

Religion of the Deceased Catholic

Birthplace Wisconsin

Resided in the State .....
(or U. S. or City or County) (Years) (Months)

Place of Death Sonoma Co. Hospital

Cause of Death Broncho pneumonia

Contributory Causes Senile Dementia

.....

Certifying Physician Ransom B. Turner M.D.
(or Coroner)

His Address Sonoma Co. Hospital

Name of Father Joseph Allard

His Birthplace Canada

Maiden Name of Mother Adelaine Marnal

Her Birthplace Canada

Date of Funeral June 16 Thurs. 9:30 A.M.
(Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

Size of Casket 190.9- Cov 87
(State Color and Number)

Manufactured by S.F. Casket Co.

Cemetery / Crematory } St. Francis Dolano Cem.

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous 7-4-55 Statement

Brave dup dup - Mrs Leute on Hpl

Complete Funeral (except outlays)	$ 570	-
Casket		
Burial Vault or Box (State Kind)	15-	
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		2.85
Dressing Body, $ ..... Underwear, $		15
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		3.00
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		9.1
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb extra Deep	35	-
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service Mass	15	-
....line Death Notices in ..... Papers		
Local	5	15
(Names of Newspapers) Democrat	5	00
	9	00
Sales Tax		
Total Footing of Bill	$ 654	15
Less 29.25 - 30 days	$ 29	25
Balance	$ 624	90

Entered into Ledger, page ..... or below.

Miscellaneous .....

SIZE 6/6 No. #1909 Hged #83-A Cov. #87
Bianca Cream
DESCRIPTION: Butternut velvet full lined, egg SRB&BP
HANDLES: #7300-6x2 Spart & N T Hdles. & Corner Orn.

July 5, 19 55

		Amount Paid		Balance	
To Balance Forward				$	
By Payment		$		$	
" "		$		$	
" " Full		$ 624	90	$	
" "		$		$	
" "		$		$	

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to .....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry June 15 1955

Name of Deceased Mary Kathleen Gardner White
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Sonoma State Home ☐Husband ☐Wife ☐Widow
or ..... of Single Age of Husband or Wife (if living)..... Years

Charge to James Gardner

Address 628 Pine St. Bakersfield

Order given by " "

How Secured 50% cash - Balance monthly (or informant)

If Veteran, Name of War .....

Occupation none (Social Security Number)

Employer and Address .....

Date of Death June 15 55 11:15 PM (Mo.) (Day) (Yr.) (Hour)

Date of Birth April 18 1948 Age 7 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Frances

Clergyman ..... (Address)

Religion of the Deceased Cath.

Birthplace Ancon Canal Zone

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma State Home

Cause of Death Pneumonia aspiration Chrs. 7 Days

Contributory Causes Congenital Toxoplasmosis

.....

Certifying Physician H. D. Trenchs (or Coroner)

His Address Sonoma State Home

Name of Father James Dave Gardner

His Birthplace New Jersey

Maiden Name of Mother Faye L. Smith

Her Birthplace Calif.

Date of Funeral 6/22/55 Wed. 9:17 M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

Size of Casket 3/0 White Lamb (State Color and Number)

Manufactured by Golden State C. Co.

Cemetery / Crematory } Catholic

Grave N.W. Corner of Chicago Vault + West of Surname Burmis

Lot No.....
Grave No.....
Section No.....
Block No.....
Owner.....

Diagram of Lot or Vault

Miscellaneous.....

.....

8-29-55 Statement

9-29-55 Letter

Complete Funeral (except outlays)	$	
Casket		85 —
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		42 50
Barber, $..... Hair Dressing, $.....		3 —
Dressing Body, $..... Underwear, $.....		5 —
Suit or Dress (State Kind and Color)		1,27
Slippers, $..... Hose, $.....		
Folding Chairs, $..... Tarpaulin, $.....		
Candelabrum, $..... Candles, $.....		
Door Spray, $..... Gloves, $.....		
Funeral Car, $..... Ambulance, $.....		
Limousines to Cemetery ..... @ $.....		
Extra Limousines ..... @ $.....		
Autos to R. R. Station ..... @ $.....		
Getting Remains from.....		
Taking Remains to.....		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to.....		
Removal Charges.....		
Procuring Burial Permit..... (State Number and District)		
Certif. Copies of Death Certificates No. ..... (State Physician's or Coroner's)		
Pall Bearer Service, $..... Use of Chapel, $.....		
Gross Total for Sales Tax.....	$	
Outlay for Lot..... Open 50 00		40 —
Cremation.....		
Flowers, $..... Palms, $..... Matting, $.....		
Rental of Tent, $..... of Temporary Vault, $.....		
Opening of Grave or Tomb.....		10 —
Lining Grave, $..... Lowering Device, $.....		
Outlay for Shipping Charges.....		
Clergyman, $..... Singers, $..... Organist, $.....		
Railroad / or Motor } Tickets, $..... Aero-plane Service, $.....		
Telegr., Phone, Cable or Radio Charges.....		
Cash Advanced.....		
Out of town Funeral Director's Charges.....		
Personal Service..... Low Mass		15 —
.....line Death Notices in..... Papers		
(Names of Newspapers)		
Sales Tax		1 28
Total Footing of Bill.....	$	151 28
Less.....	$	
Balance.....	$	

Entered into Ledger, page.....or below.

Miscellaneous.....

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$		By Payment	$	$
	" "	$	$	June 20 55	" On acct	$ 75 00	$
	" "	$	$	Nov 4, 1955	" " "	$ 35 00	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Revised by W. W. Feineman, Long Beach, California

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry June 25 1955

Name of Deceased Richard Wenfield Neal W
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence 60 London Way, Sonoma ☐Husband ☐Wife ☐Widow of ..... Age of Husband or Wife (if living)..... Years

Charge to Lizzie Mae Neal

Address 60 London Way, Sonoma

Order given by above (or informant)

How Secured:

If Veteran, Name of War

Occupation Student 564-42-9355 (Social Security Number)

Employer and Address

Date of Death June (Mo.) 25 (Day) 1955 (Yr.) about 9.45PM (Hour)

Date of Birth June (Mo.) 17 (Day) 1935 (Yr.) Age 20 (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman H. S. Simmons (Address)

Religion of the Deceased Prot.

Birthplace Ross Cal

Resided in the State Life (or U. S. or City or County) (Years) (Months)

Place of Death Arnold Drive

Cause of Death Compound Comminuted

Contributory Causes Fracture of skull with Massive Laceration of Brain incompatible

Certifying Physician to Off Vern Silvershield (or Coroner)

His Address: Santa Rosa

Name of Father Joseph Taylor Neal Tenn

His Birthplace Tenn

Maiden Name of Mother Lennie Mae Phillips

Her Birthplace: Calif

Date of Funeral June (Date) 28 (Day of Week) 10 A.M. (Hour)

Motor / Ship } Remains to

Size of Casket #1526 H.P. (State Color and Number)

Manufactured by Sutter - Hinge Cap

Cemetery / Crematory } Tamalpais Cem. San Rafael

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

6 - 30 - 55 - Statement

Complete Funeral (except outlays)	$	
Casket Complete Service		473
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		2365 3
Dressing Body, $ ..... Underwear, $		50
Suit or Dress (State Kind and Color)		709
Slippers, $ ..... Hose, $		7.
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ ..... of Temporary Vault, $		
Opening of Grave at Tamalpais		116 20
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service Mrs. Oberle		5 00
Rev. H. S. Simmons		10 00
..line Death Notices in ..... Papers		
Local (Names of Newspapers)		5 15
San Rafael Independent		5 25
Mrs. Charles P. Phillips		5 00
Sales Tax		7 10
Total Footing of Bill	$	626 70
Less 23.65 - 30 days	$	23 65
Balance	$	603 05

Entered into Ledger, page ..... or below.

Miscellaneous

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$		"	$	$
	" "	$	$	July 5, 1955	" full	$ 603 05	$
	" "	$	$		"	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry June 26 1955

Name of Deceased Agnes Marie Hertert W

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 17140 Arnold Drive, Sonoma ☐Husband ☐Wife ☐Widow } .....

or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Michael Hertert

Address 17140 Arnold Drive

Order given by above (or informant)

How Secured

If Veteran, Name of War —

Occupation Housewife None (Social Security Number)

Employer and Address

Date of Death June 26 1955 10:15 P.M. (Mo.) (Day) (Yr.) (Hour)

Date of Birth July 28 1880 Age 68 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman (Address)

Religion of the Deceased Lutheran

Her Birthplace

Date of Funeral June 28 - Tue 2 P.M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to

Size of Casket 4538 - High Pile (State Color and Number)

Manufactured by S.F. Casket Co.

Cemetery / Crematory } Mt. Cemetery Sonoma

Section A
Row - 1
Grave 9
Reserved - 8

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

7-4-55 statement

Complete Funeral (except outlays)	$	
Casket Complete Service		495 00
Burial Vault or Box (State Kind)		150.00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress Dress & Jac (State Kind and Color)		17 50
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		24 50
Door Spray, $ ..... Gloves, $		3 00
Funeral Car, $ ..... Ambulance, $		27 50
Limousines to Cemetery ..... @ $		3
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		8 50
Getting Remains from		
Taking Remains to		
...nd District)		
...No.		
...Coroner's)		
...pel, $		
...	$	200
...ng, $		
...ault, $		
...		60 00
...ice, $		
...nist, $		
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
Rev. Richardson		10 00
...line Death Notices in ..... Papers		
Sunday Sun (Names of Newspapers)		5 15
Sonoma, Organ		5 00
...Sonoma, Dunbar		5 00
Sales Tax		7 88
Total Footing of Bill	$	820 54
Less 25.50 30 days 12 c/c	$	2 00
	$	822 54
Balance	$	25 50
Entered into Ledger, page ..... or below.		797 04

Miscellaneous

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$		By Payment	$	$
	" "	$	$	July 15, 1955	"	$ 797 04	$
	" "	$	$		"	$	$
	" "	$	$		"	$	$
	" "	$	$		"	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to .....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Revised by W. W. Feineman, Long Beach, California

RECEIPT Date July 6, 1955 4027

Received From Ernest Evans

Address Sonoma

Two hundred and —— 00/100 Dollars $200.00

For Purchase of Graves No. 8 (Michael) and 9 Agnes HERTERT, Row 1, Sect. A.

ACCOUNT			HOW PAID		
AMT. OF ACCOUNT	200	00	CASH		
AMT PAID	200	00	CHECK	✓	
BALANCE DUE	—		MONEY ORDER		

By James T. Baker, city clerk

8K806 Redi-form

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry June 25 1955

Name of Deceased Richard Winfield Neal W
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence 60 London Way, Sonoma ☐Husband ☐Wife ☐Widow of ..... Age of Husband or Wife (if living) ..... Years

Charge to Lizzie Mae Neal

Address 60 London Way, Sonoma

Order given by above (or informant)

How Secured:

If Veteran, Name of War

Occupation Student 564-42-9355 (Social Security Number)

Employer and Address

Date of Death June (Mo.) 25 (Day) 1955 (Yr.) about 9.45PM (Hour)

Date of Birth June (Mo.) 17 (Day) 1935 (Yr.) Age 20 (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman H. S. Simmons (Address)

Religion of the Deceased Prot.

Birthplace Ross Cal

Resided in the State Life (or U. S. or City or County) (Years)

Place of Death Arnold Drive

Cause of Death Compound Comminute

Contributory Causes Fracture of skull with M.
Laceration of Brain uncomp.

Certifying Physician to Off Vern Silvesh (or Coroner)

His Address: Santa Rosa

Name of Father Joseph Taylor Neal

His Birthplace Tenn.

Maiden Name of Mother Lennie Mae B.

Her Birthplace: Calif.

Date of Funeral June (Date) 28 (Day of Week) 10 A.M. (Hour)

Motor / Ship } Remains to

Size of Casket #1526 H.P. (State Color and Number)

Manufactured by Sutter - Hinge Cap

Cemetery / Crematory } Tamalpais Cem. San Rafael

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

6 - 30 - 55 - Statement

Complete Funeral (except outlays)	$	
Casket Complete Service		473
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		23 50
Dressing Body, $ ..... Underwear, $		3 50
Suit or Dress (State Kind and Color)		7 00
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Railroad or Motor Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service Mrs. Oberle		5 00
Rev. H. S. Simmons		10 00
line Death Notices in ..... Papers		
Local (Names of Newspapers)		5 15
San Rafael Independent		5 25
Mrs. Charles P. Phillips		5 00
Sales Tax		7 10
Total Footing of Bill	$	62 60
Less 23.65 - 30 days	$	23 65
Balance	$	603 05

Entered into Ledger, page ..... or below.

Miscellaneous

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$	July 5, 1955	" full	$ 603 05	$
	" "	$	$		"	$	$
	" "	$	$		"	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry June 26 1955

Name of Deceased Agnes Marie Hertert W

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 17140 Arnold Drive, Sonoma ☐Husband ☐Wife ☐Widow of ..... Age of Husband or Wife (if living) ..... Years

Charge to Michael Hertert

Address 17140 Arnold Drive

Order given by above (or informant)

How Secured

If Veteran, Name of War

Occupation Housewife None (Social Security Number)

Employer and Address

Date of Death June (Mo.) 26 (Day) 1955 (Yr.) 10:15 P.M. (Hour)

Date of Birth July (Mo.) 28 (Day) 1886 (Yr.) Age ..... (Yrs.) 68 (Mos.) (Days)

Services at Chapel

Clergyman (Address)

Religion of the Deceased Lutheran

Birthplace Kingston, New York

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death 17140 Arnold Dr.

Cause of Death

Contributory Causes

Certifying Physician Vern Schmidt (or Coroner)

Its Address Santa Rosa

Name of Father John Schmid Sr.

Its Birthplace Germany

Maiden Name of Mother Madaline Beer

Her Birthplace Unknown

Date of Funeral June 28 (Date) Tue (Day of Week) 2 P.M. (Hour)

Motor / Ship } Remains to

Size of Casket 4538 High File (State Color and Number)

Manufactured by S.F. Casket Co.

Cemetery / Crematory } Mt. Cemetery Sonoma

Section A
Row - 1
Grave 9
Reserved - 8

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

7-4-55 statement

Complete Funeral (except outlays)	$	
Casket Complete Service		495 00
Burial Vault or Box (State Kind)		150.00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress Dress & Jac (State Kind and Color)		17 50
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		247 50
Candelabrum, $ ..... Candles, $		32
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		27 50
Limousines to Cemetery ..... @ $		3
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		8 50
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot 2 Graves		200
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb 4 ~~Double~~		60 00
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service Rev Richardson		10 00
....line Death Notices in ..... Papers		
Sunday Sun (Names of Newspapers)		5 15
Singer, Organ		5 00
....Singer, Clarinet		5 00
Sales Tax		7 88
Total Footing of Bill	$	820 54
Less 25.50 30 days 12 c/c	$	2 00
	$	822 54
Balance	$	25 50
Entered into Ledger, page .....or below.		$797 04

Miscellaneous

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
July 15 1955	"	$ 797 04	$
	"	$	$
	"	$	$
	"	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within .....days from date. Interest to accrue from maturity at the rate of .....% per annum.

Signed .....

Witness ..... Address .....

Revised by W. W. Feineman, Long Beach, California

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry June 27 1955

Name of Deceased Lora Blanche Bennett W
(What Race)

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 227 East Spain, Sonoma ☐Husband ☐Wife ☐Widow of ..... Age of Husband or Wife (if living)..... Years

Charge to Everett A. Bennett

Address 227 East Spain

Order given by above
(or informant)

How Secured

If Veteran, Name of War

Occupation Housewife None
(Social Security Number)

Employer and Address

Date of Death June 27 1955 8:45 AM
(Mo.) (Day) (Yr.) (Hour)

Date of Birth Mar. 8 1881 Age 74
(Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman C. C. Champlin
(Address)

Religion of the Deceased Prot.

Birthplace Cordelia Cal

Resided in the State
(or U. S. or City or County) (Years) (Months)

Place of Death Sonoma Co. Hospital

Cause of Death

Contributory Causes

Certifying Physician Vern Silvershield
(or Coroner)

His Address Santa Rosa

Name of Father Hiram Manuel

His Birthplace Lake

Maiden Name of Mother Jeanette Young

Her Birthplace Wisconsin

Date of Funeral June 29 (Wed) 2 P M.
(Date) (Day of Week) (Hour)

Motor / Ship } Remains to

Size of Casket (Marbleblend) A 97
(State Color and Number)

Manufactured by Golden State Casket

Cemetery / Crematory } Mountain Cemetery

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

7-4-55- Statement

Complete Funeral (except outlays)	$ 364
Casket	
Burial Vault or Box Outside Box (State Kind)	15 00
Embalming Body (Name of Embalmer)	
Barber, $ Hair Dressing, $	
Dressing Body, $ Underwear, $	
Suit or Dress Dress Suit (State Kind and Color)	17 51
Slippers, $ Hose, $	
Folding Chairs, $ Tarpaulin, $	
Candelabrum, $ Candles, $	18
Door Spray, $ Gloves, $	3 2
Funeral Car, $ Ambulance, $	4
Limousines to Cemetery @ $	21 3
Extra Limousines @ $	
Autos to R. R. Station @ $	4 2
Getting Remains from	6 1
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)	
Pall Bearer Service, $ Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot	
Cremation	
Flowers, $ Palms, $ Matting, $	
Rental of Tent, $ of Temporary Vault, $	
Opening of Grave or Tomb + Permit	65 00
Lining Grave, $ Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $ Singers, $ Organist, $	
Railroad / or Motor } Tickets, $ Aero-plane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
C. C. Champlin	15 00
___line Death Notices in ___ Papers	
Index Trib (Names of Newspapers)	5 15
Ralph Richardson	10 00
	5 91
Sales Tax	
Total Footing of Bill	$ 482 57
Less 18.95 - 30 days	$
Balance	$
Entered into Ledger, page ..... or below.	

Miscellaneous

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$	July 7, 55	By Payment	$	$
	" "	$	$		In full	463 62	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness.....

Address.....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No..... Yearly No.....Stanley Date of Entry...June 30.....1955

Name of Deceased.....Herbert Bell.....

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race) W

Residence..1 Central Ave - Boyes Springs ☐Husband ☐Wife ☐Widow } Julie
or..... of } Age of Husband or Wife (if living).....Years

Charge to..Mrs. Julie Bell.....

Address.....above.....

Order given by..Mrs. Bolton Hildebrand.....
(or informant) 109 Parque

How Secured.....S.F.....

If Veteran, Name of War...No.....

Occupation..Ret. Actor..... No.....
(Social Security Number)

Employer and Address .....

Date of Death..June 30, 1955 6:25 A.
(Mo.) (Day) (Yr.) (Hour)

Date of Birth Feb. 22, 1867 Age 88
(Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at..Chapel.....

Clergyman..... (Address)

Religion of the Deceased..Prot.....

Birthplace..Liberty Center, Ohio.....

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death..Sonoma Co. Hospital.....

Cause of Death..Cerebro-Vascular.....

Contributory Causes..Generalized Arteriosclerosis.....

.....

Certifying Physician..Ransom B. Turner M.D.
(or Coroner)

His Address..Sonoma Co. Hospital.....

Name of Father.....Bell - Ohio.....

His Birthplace.....

Maiden Name of Mother..Babbitt - Drum.....

Her Birthplace...Scotland.....

Date of Funeral..July 2, 1955 Sat. 2 P. M.
(Date) (Day of Week) (Hour)

Motor / Ship } Remains to.....

Size of Casket..#97 - Marble Blend -
(State Color and Number)

Manufactured by..Golden State Casket Co. - Monastery Rea Sale.....

Cemetery / Crematory } Mt. Cemetery Sonoma.....

Section A
Row - 1
Grave #10

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Miscellaneous.....

1-4-55 - Statement..Mrs Bolton Hildebrand

8-29-55 - " " 109 Parque St S.F.

9-29-55 Statement to

Complete Funeral (except outlays)	$	364
Casket		
Burial Vault or Box (State Kind)		15
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		18.-
Suit or Dress (State Kind and Color)		15
Slippers, $ ... Hose, $		1.97
Folding Chairs, $ ... Tarpaulin, $		3
Candelabrum, $ ... Candles, $		
Door Spray, $ ... Gloves, $		5.91
Funeral Car, $ ... Ambulance, $		
Limousines to Cemetery ... @ $		
Extra Limousines ... @ $		
Autos to R. R. Station ... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit. New Jersey no permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot Pd. - Jim Baker I. grave		
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		60.
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad or Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
...Monastery Rea Sale		10.00
...line Death Notices in ... Papers		
...Local Paper (Names of Newspapers)		5.15
Sales Tax		5.91
Total Footing of Bill	$	460.06
Less 1.8.95 - 30 days	$	
Balance	$	
Entered into Ledger, page ... or below.		
Miscellaneous		

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$	Oct 18, 1955	" Jas Full	$460.06	$
	" "	$	$		"	$	$
	" "	$	$		"	$	$
	" "	$	$		"	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Revised by W. W. Feineman, Long Beach, California

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry June 30 1933

Name of Deceased Carlo Antionette White

☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Rt. 1 Bx. 710 Sonoma ☐Husband ☐Wife ☐Widow or ..... of } .....

Age of Husband or Wife (if living) ..... Years

Charge to: Louis B. Filippini

Address: Above Guardian

Order given by ..... (or informant)

How Secured: .....

If Veteran, Name of War: No.

Occupation Ret. Butter Maker No. (Social Security Number)

Employer and Address Filippini Dairy

Date of Death June 30, 1933 (Mo.) (Day) (Yr.) (Hour)

Date of Birth April 30, 1860 Age 95 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Francis

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Italy

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician Carroll B. Andrews M.D. (or Coroner)

His Address Sonoma, Calif.

Name of Father .....

His Birthplace .....

Maiden Name of Mother .....

Her Birthplace .....

Date of Funeral July 2, Sat. 9:30 A.M. (Date) (Day of Week) (Hour)

Motor Ship } Remains to .....

Size of Casket #. 207 Taupe H.P. (State Color and Number)

Manufactured by Golden Gate Casket Co.

Cemetery Crematory } St. Francis Solano, Cem.

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

7-4-33 Statement

Complete Funeral (except outlays)	$ 545	
Casket		
Burial Vault or Box (State Kind)	15	-
Embalming Body (Name of Embalmer)		27 50
Barber, $ ..... Hair Dressing, $		15
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		287 50 3
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		8 62 50
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
~~Deliver~~ Flowers ~~to~~ A. Lot	25	75
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot: ..... I. Grave	100	-
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb	25	00
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service ..... Mass	15	00
....line Death Notices in ..... Papers		
..... Local, Posted (Names of Newspapers)	5	15
	8	63
Sales Tax		
Total Footing of Bill	$ 739	53
Less 28.00 30 days	$ 28	
Balance	$ 711	53
Entered into Ledger, page ..... or below.		

Miscellaneous .....

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
July 29, 1933	"	$	$
	By " Filippini	$ 711 53	$
	By " Check	$	$
	" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry July 2 19 55

Name of Deceased Infant Daughter of Ralph Bankson W.

☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence 70 London Way - Agua Caliente ☐Husband ☐Wife ☐Widow } .....

or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Ralph Bankson

Address above

Order given by ..... (or informant)

How Secured .....

If Veteran, Name of War no

Occupation Infant (Social Security Number)

Employer and Address —

Date of Death July 2, 1955 12:45 A. (Mo.) (Day) (Yr.) (Hour)

Date of Birth July 1, 1955 Age 1 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Residence

Clergyman ..... (Address)

Religion of the Deceased Prot

Birthplace Calif -

Resided in the State Life (or U. S. or City or County) (Years) (Months)

Place of Death Memorial Hospital D.R.

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician ..... (or Coroner)

His Address .....

Name of Father Ralph Bankson

His Birthplace .....

Maiden Name of Mother Margaret R. Stickel

Her Birthplace Agua Caliente, Cal -

Date of Funeral July 5 - Tue - 1 P. M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

Size of Casket 2/0 - White Lamb -

Manufactured by Golden State C. Co. - (State Color and ~~Number~~)

Cemetery / Crematory } D.D.F. Cem -

same Grave as Mrs Stickel

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

.....

.....

Complete Funeral (except outlays)	$	25 —
Casket		
Burial Vault or Box (State Kind)		10.00
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		12.50
Dressing Body, $ ..... Underwear, $		10
Suit or Dress (State Kind and Color)		22.50 3
Slippers, $ ..... Hose, $		67.50
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		6
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		10 —
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
.....		
....line Death Notices in ..... Papers		
..... (Names of Newspapers)		
.....		
.....		
Sales Tax		68
Total Footing of Bill	$	45 68
Less	$	
Balance	$	
Entered into Ledger, page ..... or below.		

Miscellaneous .....

.....

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$	July 5, 1955	By Payment	$ 45 68	$
	" "	$	$		" Jos Full	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Revised by W. W. Feineman, Long Beach, California

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry July 15 1955

Name of Deceased Devereux Wayne Lambert W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Bath House Boyes Hot Springs ☐ Husband ☐ Wife ☐ Widow } Lillian

Charge to Mrs. Delene Klingenmeier or ..... of } Age of Husband or Wife (if living) ..... Years

Address Rt. 3 Box 429 Lancaster, Cal

Order given by Father Oscar Lambert (Sister) (or Informant)

How Secured 415 W. Beverly Blvd. Whittier Cal

If Veteran, Name of War W. W. 2

Occupation Attendant (Social Security Number)

Employer and Address Boyes Springs Bath House

Date of Death July 15, 1955 3:45 P. (Mo.) (Day) (Yr.) (Hour)

Date of Birth June 9 1921 Age 34 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman (Address)

Religion of the Deceased Prot.

Birthplace Henderson, Kentucky

Resided in the State (or U. S. or City or Country) (Years) (Months)

Place of Death Sonoma Co. Hospital

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father Oscar Lambert

His Birthplace Henderson, Kentucky

Maiden Name of Mother Thelma King

Her Birthplace Henderson, Kentucky

Date of Funeral July 17 (Date) Sunday (Day of Week) 2 P. M. (Hour)

Motor Ship } Remains to

Size of Casket Maroon (State Color and Number)

Manufactured by Golden State Co.

Cemetery Crematory } G. G. National

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

8/15/55 sent Pictures, Statement & letter to father also Statement for pictures

Complete Funeral (except outlays)	$ 379	-
Casket		
Burial Vault or Box		
Embalming Body (State Kind)		
(Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		189.50
Dressing Body, $ ..... Underwear, $		3
Suit or Dress		5.50
(State Kind and Color)		5.68
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to (Dear Son)	7.	73
Removal Charges, Flowers (Brother)	10.	30
Procuring Burial Permit		
(State Number and District)		
Certif. Copies of Death Certificates No.		
(State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service Organ	5	
Rev. Murphy	10	00
....line Death Notices in .... Papers		
Local	5	15
(Names of Newspapers)		
Sales Tax	5	69
Total Footing of Bill	$ 42	37
Less 18.95 - 30 days	$ 8	42
Balance	$ 431	29
Entered into Ledger, page ..... or below. Pictures	1.50	
Miscellaneous	28 1	29

Date			Amount Paid		Balance		Date		Amount Paid		Balance	
		To Above Balance			$			To Balance Forward			$	
		By Payment			$			By Payment	$		$	
		" "			$		July 15 55	On acct	$ 50	00	$	
		" "			$		Aug 23 55	Klingenmeier	$ 20	-	$	
		" "			$		Sept 29 1955	Klingenmeier	$ 20	-	$	
		" "			$		Oct 24 1955	Oscar Lambert	$ 20		$	

Insurance $ ..... Names of Lodges ..... Insurance Companies T. Lambert 20

Oct 30, 1955 20

Feb 3/1956 20

Mar 30, 1956 - 10m 20 76

April 6 1956 Oscar Lambert 20 -

May 6 1956 20

Oct 21, 1956 15

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry July 25 1955

Name of Deceased Arthur J. Chester W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 1726 Buena Vista Ave Petters ☐Husband ☐Wife ☐Widow } Belva
or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Belva Chester

Address Above

Order given by ..... (or informant)

How Secured .....

If Veteran, Name of War No

Occupation Truck Driver X545-10-6027 (Social Security Number)

Employer and Address .....

Date of Death July 25, 1955 (Mo.) (Day) (Yr.) (Hour)

Date of Birth Feb 27, 1883 Age 72 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Norman (Address)

Religion of the Deceased Prot

Birthplace England

Resided in the State ..... (or U. S. or City or County) (Years), (Months)

Place of Death Redding Caly

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician ..... (or Coroner)

His Address .....

Name of Father Thomas Chester

His Birthplace England

Maiden Name of Mother Mary Desforges

Her Birthplace England

Date of Funeral July 28 Thurs 2 P. M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

Size of Casket #15-26 H. P. Taupe (State Color and Number)

Manufactured by Sutters Casket Co.

Cemetery / Crematory } Mt. Cemetery Sonoma

Section A
Row - 1
Grave # 11
Reserved # 12

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

.....

8-6-55 Statement

Complete Funeral (except outlays)	$	458 —
Casket		
Burial Vault or Box		15 —
(State Kind)		
Embalming Body		
(Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		2.29
Dressing Body, $ ..... Underwear, $		1.5
Suit or Dress		2.44
(State Kind and Color)		3
Slippers, $ ..... Hose, $		1.32
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges Redding Charges		65 00
Procuring Burial Permit		
(State Number and District)		
___Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot One Grave		100 —
Cremation (one reserved)		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		60
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
.....		
....line Death Notices in ..... Papers		5 15
..... Local (Names of Newspapers)		
.....		
.....		7 32
Sales Tax		
Total Footing of Bill	$	710 47
Less 23.65 — 30 days	$	23 65
Balance	$	686 82
Entered into Ledger, page ..... or below.		

Miscellaneous .....

.....

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$	Aug 16 1955	" Full	$ 686 82	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry July 25 1955

Name of Deceased Alice Matilda Hopewell

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race) W.

Residence Verano Drive E.V. Verano ☐Husband ☐Wife ☐Widow or..... of } Age of Husband or Wife (if living)..... Years

Charge to Mrs. Helen Wilson

Address Above

Order given by..... (or informant)

How Secured.....

If Veteran, Name of War No.

Occupation Housewife No. (Social Security Number)

Employer and Address.....

Date of Death July (Mo.) 25 (Day) 1955 (Yr.) 11:15 P. (Hour)

Date of Birth June (Mo.) 27 (Day) 1883 (Yr.) Age 72 (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman..... (Address)

Religion of the Deceased Prot.

Birthplace Bunker Hill, Kansas

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma District Hospital

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician Max Mendenhall MD (or Coroner)

His Address Sonoma Calif.

Name of Father Langett Winfield

His Birthplace.....

Maiden Name of Mother Emma Cathrin Mathews

Her Birthplace.....

Date of Funeral July 30 (Date) Sat. (Day of Week) 2 P. (Hour) M.

Motor / Ship } Remains to.....

Size of Casket Marbelhead #97 (State Color and Number)

Manufactured by Golden State Casket Co

Cemetery / Crematory } Mt. Cem. Sonoma

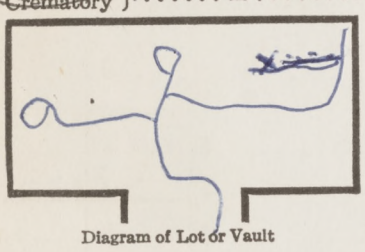

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Miscellaneous.....

.....

.....

Complete Funeral (except outlays) $	364	—
Casket		
Burial Vault or Box (State Kind)	137	
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress V 24 (State Kind and Color)	17	50
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		18 50
Funeral Car, $..... Ambulance, $		17 50
Limousines to Cemetery ..... @ $		19 50
Extra Limousines ..... @ $		19 50
Autos to R. R. Station ..... @ $		5 00
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit	5	00
(State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax $		
Outlay for Lot		
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb	60	00
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $		
Railroad / or Motor } Tickets, $..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service Minister, family		—
..... music, family		
....line Death Notices in..... Papers		
..... Local (Names of Newspapers)	5	15
Sales Tax	5	97
Total Footing of Bill $	472	57
Less 18.95 30 days $	18	95
Balance $	453	62
Entered into Ledger, page.....or below.		
Miscellaneous		

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
Aug 9, 1955	In full	$ 453 62	$
	By Helen Wilson	$	$
	" "	$	$
	" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry July 31 19 55

Name of Deceased Herbert F. Canner W.

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 590 Cherry Ave Sonoma Sta. ☐Husband ☐Wife ☐Widow of Ettie P.

Age of Husband or Wife (if living)..... Years

Charge to Mrs. Ettie P. Canner

Address Above

Order given by..... (or informant)

How Secured.....

If Veteran, Name of War No

Occupation Plumber No (Social Security Number)

Employer and Address —

Date of Death July 31 1955 8:05-P (Mo.) (Day) (Yr.) (Hour)

Date of Birth Aug 10 1868 Age 86 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev. Richardson Sonoma (Address)

Religion of the Deceased Prote

Birthplace Michigan

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician Carroll B. Andrews MD (or Coroner)

His Address Sonoma Calif

Name of Father Archibald Canner

His Birthplace Michigan

Maiden Name of Mother Ada A. Farwell

Her Birthplace Michigan

Date of Funeral Aug 2, Tue 10 A.M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to.....

Size of Casket #5760 Grey Arm (State Color and Number)

Manufactured by J. J. Casket Co.

Cemetery / Crematory } Chapel of the Chimes SR.

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Miscellaneous.....

8-3-55 Statement

Complete Funeral (except outlays)	$	225 —
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		17 50
Barber, $ Hair Dressing, $		3
Dressing Body, $ Underwear, $		3 50
Suit or Dress (State Kind and Color)		3 37
Slippers, $ Hose, $		
Folding Chairs, $ Tarpaulin, $		
Candelabrum, $ Candles, $		
Door Spray, $ Gloves, $		
Funeral Car, $ Ambulance, $		
Limousines to Cemetery @ $		
Extra Limousines @ $		
Autos to R. R. Station @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		45 —
Flowers, $ Palms, $ Matting, $		
Rental of Tent, $ of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ Singers, $ Organist, $		
Railroad / Motor } Tickets, $ Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service Rev. Richardson		10 —
line Death Notices in Papers		
(Names of Newspapers) Posted		5 — 15 —
Sales Tax		3.28
Total Footing of Bill	$	288. 53.
Less 11.25 30 days	$	11 25
Balance	$	277. 28.

Entered into Ledger, page ..... or below.

Miscellaneous.....

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$	Aug 9, 1955	Paid	$ 277 28	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Revised by W. W. Feineman, Long Beach, California

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Aug. 3 1955

Name of Deceased John R. Walton W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 139 Spain St., Sonoma ☐Husband ☐Wife ☐Widow } Amelia
or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Wife

Address Above

Order given by ..... (or informant)

How Secured .....

If Veteran, Name of War No.

Occupation Hotel Owner (Social Security Number)

Employer and Address Self

Date of Death Aug. 3, 1955 — 2:40 P. (Mo.) (Day) (Yr.) (Hour)

Date of Birth April 21, 1886 Age 68 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Francis

Clergyman ..... (Address)

Religion of the Deceased Catholic

Birthplace Iowa

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician R. K. McGrath M.D. (or Coroner)

His Address Sonoma, Cal.

Name of Father George Walton

His Birthplace Iowa

Maiden Name of Mother Ida

Her Birthplace Iowa

Date of Funeral Aug. 6 Sat. 9:30 A. M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

Size of Casket Groton Metal Heather (State Color and Number)

Manufactured by S. F. Casket Co.

Cemetery / Crematory } Fontomb Mt. Cemetery Sonoma

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous .....

9-9-55 Statement

Complete Funeral (except outlays)	$	920
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		4.50
Dressing Body, $ ..... Underwear, $		3.50
Suit or Dress (State Kind and Color)		1.38
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit		5.00
___Certif. Copies of Death Certificates No. ___ (State Number and District) (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb Vault Fee		5.00
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service Mass		15.00
....line Death Notices in ..... Papers		
Local (Names of Newspapers)		5.15
Democrat		5.—
S.F. Examiner 2 days		15.12
Sales Tax		13.80
Total Footing of Bill North Bay	$	984.07
Less 46.00 30 days Charges	$	98
Balance	$	1,082.07
Entered into Ledger, page ..... or below.		46
Miscellaneous		1,036.07

SIZE 6/6 NO. Groton H.P COV. Heather

DESCRIPTION: 22-A White Empire M
Flat Glass sealer

HANDLES:

Date		Amount Paid		Balance	
	To Balance Forward	$		$	
	By Payment	$		$	
	" "	$ 1,036	07	$	
Sept 1, 1955	" Invoice	$		$	
	" "	$		$	
	" "	$		$	

WALTON—In Sonoma, Calif., August 3, 1955, John R. (Jack), Walton, dearly beloved husband of Mrs. Amelia Walton of Sonoma, beloved brother of Roy G. Walton of Alameda; a native of Iowa, aged 68 years. A member of Petaluma Lodge No. 901, B. P. O. Elks.

Friends are invited to attend the funeral services Saturday, August 6, at 9:00 a. m., from the Chapel of Bates & Evans, Sonoma, Calif., thence to St. Francis Solano Church, where a Requiem Mass will be offered for the repose of his soul commencing at 9:30 a. m. Entombment, Mt. Cemetery, Sonoma. Rosary will be recited Friday evening at 8:00 o'clock.

Names of Lodges ..... Insurance Companies .....

...l, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

...nd I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from

...% per annum.

Signed .....

Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Aug 3 1955

Name of Deceased Frank M. Lucare W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 864 East Napa St. ☐Husband ☐Wife ☐Widow } of Eugenia

Charge to Mrs. Eugenia Lucare or..... Age of Husband or Wife (if living)..... Years

Address Adbar

Order given by..... (or informant)

How Secured.....

If Veteran, Name of War No.

Occupation Ret. R.R. man 572-16-5446 (Social Security Number)

Employer and Address.....

Date of Death Aug 3 1955 1:50 A. (Mo.) (Day) (Yr.) (Hour)

Date of Birth Sept 12 1869 Age 85 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev. Richardson Corona (Address)

Religion of the Deceased Prot.

Birthplace Iowa

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death Imola, Cal.

Cause of Death Uremia

Contributory Causes Arteria & Arteriosclerotic Nephritis

Certifying Physician Eunice S. G. Waters M.D. (or Coroner)

His Address Napa State Hospital

Name of Father Albert Lucare

His Birthplace.....

Maiden Name of Mother Lois Wightman

Her Birthplace Vermont

Date of Funeral Aug 6 (Date) Sat (Day of Week) 2 P. (Hour) M.

Motor / Ship } Remains to.....

Size of Casket 556 Gray Arm (State Color and Number)

Manufactured by S. F. Co.

Cemetery / Crematory } Chapel of the Chimes

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Miscellaneous.....

Statement 8-8-55

Complete Funeral (except outlays)	$	225 —
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		112 50
Slippers, $..... Hose, $		3
Folding Chairs, $..... Tarpaulin, $		3 37 50
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		45 —
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $		
Railroad / or Motor } Tickets, $..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service Rev. Richardson		10 00
...line Death Notices in ...Papers		
Organ, Mrs. Oberle (Names of Newspapers)		$ 00
Sales Tax		3 38
Total Footing of Bill	$	288 38
Less 11 25 30 days	$	11 25
Balance	$	277 13
Entered into Ledger, page .....or below.		

Miscellaneous.....

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$		By Payment	$	$
	" "	$	$	Aug 15 1955	Jos Full	$ 277 13	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Revised by W. W. Feineman, Long Beach, California

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry August 13 1955

Name of Deceased Henry Thomas Dewhirst W.

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence Rt 2 Bx 173 - Acacia ave - ☐Husband ☐Wife ☐Widow or..... of } Age of Husband or Wife (if living)..... Years

Charge to County of Sonoma

Address.....

Order given by..... (or informant)

How Secured.....

If Veteran, Name of War No

Occupation Ret Laborer No. (Social Security Number)

Employer and Address.....

Date of Death Aug 13, 1955 8:30 a (Mo.) (Day) (Yr.) (Hour)

Date of Birth May 19, 1867 Age 88 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel -

Clergyman..... (Address)

Religion of the Deceased Prot

Birthplace England

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death County Hospital

Cause of Death Coronary Occlusion

Contributory Causes Hypertensive Cardio Vascular disease

Certifying Physician Pushing DeLoto M D - (or Coroner)

His Address County Hospital

Name of Father Charles Dewhirst

His Birthplace.....

Maiden Name of Mother Elizabeth

Her Birthplace.....

Date of Funeral..... M. (Date) (Day of Week) (Hour)

Motor Ship } Remains to.....

Size of Casket #9560 Greyarm (State Color and Number)

Manufactured by San Francisco C. Co.

~~Cemetery~~ Crematory } Chapel of the Chimes S R

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Miscellaneous.....

8-23-55 Statement to.....

Officers Co. Administrator

Complete Funeral (except outlays)	$ 181	93
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		90 97
Dressing Body, $..... Underwear, $		3
Suit or Dress (State Kind and Color)		
Slippers, $..... Hose, $		2 29 1
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
~~Deliver~~ Flowers ~~to~~ for Casket	10	30
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation	45	00
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $		
Railroad or Motor } Tickets, $..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
Rev. Buttrum	10	00
....line Death Notices in..... Papers		
(Names of Newspapers)		
Sales Tax	2	77
Total Footing of Bill	$ 250	00
Less	$	
Balance	$	
Entered into Ledger, page.....or below.		

Miscellaneous.....

Date		Amount Paid	Balance	Date		Amount Paid	Balance
2/24/56	To Above Balance	250	$		To Balance Forward		$
	By Payment	$ Full	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Aug. 14 19 55

Name of Deceased Elisa Bianchini W.

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence 458 - 3rd St. West Sonoma ☐Husband ☐Wife ☐Widow } Mario
or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Elva Tremonti (daughter)

Send Bill to Robert Bianchini
4330 - 8th ave - Sacramento

Order given by ..... (or informant)

How Secured .....

If Veteran, Name of War no.

Occupation At home - no. (Social Security Number)

Employer and Address .....

Date of Death Aug. 14, 1955 5:40 A. (Mo.) (Day) (Yr.) (Hour)

Date of Birth Feb. 9, 1884 Age 71 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Francis Solano

Clergyman .....

Religion of the Deceased Catholic (Address)

Birthplace Italy

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma District Hospital

Cause of Death Myocardial failure & pneumonia

Contributory Causes Arteriosclerotic Myocarditis Cerebral

Certifying Physician Carroll B. Andrews M.D. (& Coroner)

His Address Sonoma Calif.

Name of Father Alessandri

His Birthplace Italy

Maiden Name of Mother .....

Her Birthplace Italy

Date of Funeral Aug. 16 (Date) Tue (Day of Week) 9:30 A.M. (Hour)

Motor Ship } Remains to .....

Size of Casket Orchid ½ ch. - #4800 ½ (State Color and Number)

Manufactured by Golden State C. Co.

Cemetery Crematory } Mt. Cemetery Sonoma

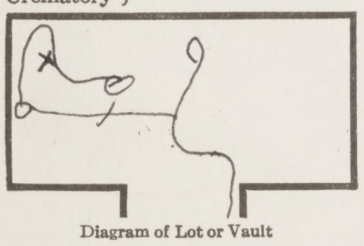

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

Aug 17. Statement

Complete Funeral (except outlays)	$ 511
Casket	
Burial Vault or Box (State Kind)	15-
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress (State Kind and Color)	25.50
Slippers, $ ..... Hose, $	1.50
Folding Chairs, $ ..... Tarpaulin, $	2.10.50
Candelabrum, $ ..... Candles, $	3
Door Spray, $ ..... Gloves, $	8.1.50
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	5.00
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	
Pall Bearer Service, $ .... Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot	
Cremation	
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ .... of Temporary Vault, $	
Opening of Grave or Tomb	60.00
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $ ..... Singers, $ .... Organist, $	
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service Maas	15.00
....line Death Notices in ..... Papers	
Local (Names of Newspapers)	5.15
D.T. Ex	8.82
Sales Tax	8.12
Total Footing of Bill	$ 628.09
Less 26. 30 30 days	$ 26.30
Balance	$ 601.79
Entered into Ledger, page ..... or below.	

Miscellaneous .....

BIANCHINI—In Sonoma, Calif., August 14, 1955, Elisa Bianchini, wife of the late Mario Bianchini, dearly beloved mother of Mrs. Elva Tremonti, Mrs. Blanche Dellepiane, Robert Bianchini, and Mrs. Mae Marble, beloved sister of Alfred Alessandri, Joseph Alessandri and Mrs. Diana Olivieri, adored grandmother of Robert Geer, Judy and Terry Tremonti; a native of Italy, aged 71 years.

Friends are invited to attend the funeral services Tuesday, August 16 at 9 a. m. at the Chapel of Bates & Evans, Sonoma, Calif., thence to St. Francis Solano Church where a Requiem Mass will be offered for the repose of her soul commencing at 9:30 a. m. Interment, Mountain Cemetery, Sonoma. Rosary will be recited Monday evening at 8 o'clock.

DAY—At rest Aug. 12, 1955

	Amount Paid		Balance		Date		Amount Paid		Balance	
nce			$			To Balance Forward			$	
	$		$		Sept 10, 1955	By Payment Joel	$		$	
	$		$			" Jos.	$		$	
	$		$			" " Robt. Bianchini	$		$	
	$		$			By Robt.	$ 601	79	$	
	$		$			" "	$		$	

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Revised by W. W. Feineman, Long Beach, California

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Aug. 14 19 55

Name of Deceased Frank Zuhlman W.

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence: 163 - 4th St. S.F. ☐Husband ☐Wife ☐Widow } .....

Charge to: Estate) Emil L. Chives or ..... of } Age of Husband or Wife (if living) ..... Years

Address: 824 - Ellis Drive, Colma, Calif. Phone Plaza 5-4451

Order given by Emil Herman Chives (or informant)

How Secured:

If Veteran, Name of War No.

Occupation Ret. Rancher No. (Social Security Number)

Employer and Address

Date of Death Aug. - (Mo.) (Day) (Yr.) (Hour)

Date of Birth April 15 1866 Age 89 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Frances Solano

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Switzerland

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Dewey Hotel S.F.

Cause of Death Myocardiac failure, Pneumonia

Contributory Causes Arteriosclerotic Myocarditis + Cerebral - generalized Arteriosclerosis

Certifying Physician Henry W. Turkel Coroner (or Coroner)

His Address 150 Merchant St.

Name of Father Unknown

His Birthplace

Maiden Name of Mother

Her Birthplace

Date of Funeral Aug 17 Wed 10 A M. (Date) (Day of Week) (Hour)

Motor Ship } Remains to

Size of Casket Marbelend #97 (State Color and Number)

Manufactured by Golden State C. Co.

Cemetery Crematory } Mt. Cemetery Sonoma

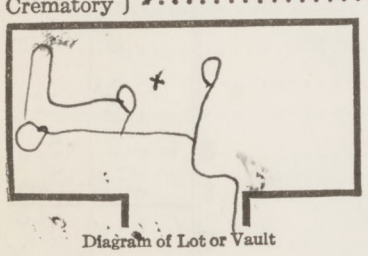

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

10-8-55 - Filed With Chives

9-29-55 Letter for Attorneys name

10-10-55 Filed with Chives

Complete Funeral (except outlays)	$	364
Casket		
Burial Vault or Box (State Kind)		15
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		18
Slippers, $ ..... Hose, $		1
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		19
Door Spray, $ ..... Gloves, $		3
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		9
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges .... S.F. permit		1 00
Procuring Burial Permit (State Number and District)		5
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		60
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service Mass		15 00
.... line Death Notices in ..... Papers		5 15
(Names of Newspapers) Local		
Sales Tax		5 91
Total Footing of Bill	$	471 06
Less 18.95 - 30 days	$	
Balance	$	
Entered into Ledger, page ..... or below.		

Miscellaneous

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward	$	$
	By Payment	$	$
	"	$ 471 06	$
Oct. 19, 1955	" Prefull	$	$
	" "	$	$
	" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry ...Aug. 22 ..... 19..55-

Name of Deceased ...Cesare ... Landini ... W.

☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence ...Railroad Ave ... Venebury ... ☐Husband ☐Wife ☐Widow } ...

or ... of } Age of Husband or Wife (if living) ... Years

Charge to ...John ... Landini ... Brother

Address ...526 ... Edenburgh St. ... S.F. ...

Order given by ... (or informant)

How Secured ...

If Veteran, Name of War ...No...

Occupation ...Marble ... Polisher ... No. ... (Social Security Number)

Employer and Address ...

Date of Death ...Aug. 22, 1955- ... 11:30 a ... (Mo.) (Day) (Yr.) (Hour)

Date of Birth ...May 26, 1878 ... Age ...77... (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at ...St. ... Francis ... Solano ... Cem.

Clergyman ... (Address)

Religion of the Deceased ...Catholic...

Birthplace ...Italy...

Resided in the State ... (or U. S. or City or County) (Years) (Months)

Place of Death ...Home...

Cause of Death ...Coronary ... Thrombosis

Contributory Causes ...Ht. ... Dis. ... Coronary ... Artery ... recent ...

Certifying Physician ...Vernon ... Silvershield ... (or Coroner)

His Address ...Santa Rosa, ... Calif. ...

Name of Father ...Dominic ... Landini ...

His Birthplace ...Italy ...

Maiden Name of Mother ...Mariana ... Andreani ...

Her Birthplace ...Italy ...

Date of Funeral ...August 24, ... Wed. ... 10 A- ... M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to ...

Size of Casket ...#... 1909 ... H. P. ... Cov. ... 87- ... (State Color and Number)

Manufactured by ...S-F. ... Casket Co. ...

Cemetery / Crematory } ...St. ... Francis ... Solano ... Cem. -

Diagram of Lot or Vault

Lot No. ...

Grave No. ...

Section No. ...

Block No. ...

Owner ...

Miscellaneous ...

9-5-55 Statement

10-10-55 Letter

10-14-55 Filed Del Rayetto

Complete Funeral (except outlays) ... $	570	
Casket ...		
Burial Vault or Box ... (State Kind)	15-	-
Embalming Body ... (Name of Embalmer)		
Barber, $ ... Hair Dressing, $ ...	75-	
Dressing Body, $ ... Underwear, $ 1.6 ...		
Suit ~~or Dress~~ & Underwear & Tie & Hose ... (State Kind and Color)	17	25-
Slippers, $ ... Hose, $ ...		
Folding Chairs, $ ... Tarpaulin, $ ...		285
Candelabrum, $ ... Candles, $ ...		15
Door Spray, $ ... Gloves, $ ...		1675
Funeral Car, $ ... Ambulance, $ ...		
Limousines to Cemetery ... @ $ ...		3167 5 3
Extra Limousines ... @ $ ...		
Autos to R. R. Station ... @ $ ...		9 50 25
Getting Remains from ...		
Taking Remains to ...		
Trip to Coroner's Inquest ...		
Delivering Box to ...		
Deliver Flowers to ...		
Removal Charges ...		
Procuring Burial Permit ... (State Number and District)		
___Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $ ...		
Gross Total for Sales Tax ... $		
Outlay for Lot ... one ... Grave	100	-
Cremation ...		
Flowers, $ ... Palms, $ ... Matting, $ ...		
Rental of Tent, $ ... of Temporary Vault, $ ...		
Opening of Grave or Tomb ...	25	o.c.
Lining Grave, $ ... Lowering Device, $ ...		
Outlay for Shipping Charges ...		
Clergyman, $ ... Singers, $ ... Organist, $ ...		
Railroad / or Motor } Tickets, $ ... Aero-plane Service, $ ...		
Telegr., Phone, Cable or Radio Charges ...		
Cash Advanced ...		
Out of town Funeral Director's Charges ...		
Personal Service ... Mass ...	15	-
...		
...line Death Notices in ... Papers ...		
... Local ... (Names of Newspapers)	5	15-
... S.F. Examiner ...	7	56
...		
Sales Tax ...	8	85
Total Footing of Bill ... $	763 1	81
Less ~~29.25-~~ 30 days 1% /C $		
Balance ... $	764	81
Entered into Ledger, page ... or below.		

Miscellaneous ...

SIZE 6/6 No. 1909- H.P Cov. 87

DESCRIPTION: 83-A Panel & Pillow
Full lined Bianca Cr. Velvet
Eggshell Sr B & Bp

HANDLES: 7300-6x2 Hdls & Corners

	Balance	Date		Amount Paid	Balance
To Balance Forward ...					
By Payment ... June 15, 55	$		$		$
" " ...	$		$ 764 81		$
" " ...	$		$		$
" " ...	$		$		$
" " ...	$		$		$

Names of Lodges ... Insurance Companies ...

Funeral, and I hereby represent that I have sufficient resources Legally available to ... (Firm Name of Funeral Directors.)

sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from ... % per annum.

Signed ...

Address ...

LANDINI—In Sonoma, August 22, 1955, Cesare Landini, dearly beloved brother of John Landini of S. F., loving uncle of Dominic, John and Louis Landini, Mrs. Marian Blum, Mrs. Lucy Hogan and Mrs. Eva Cosani; a native of Italy, aged 77 years.

Friends are invited to attend the funeral services Wednesday, August 24, at 9:30 a. m. at the Chapel of Bates & Evans, Sonoma, Calif., thence to St. Francis Solano Church, where a Requiem Mass will be offered for the repose of his soul commencing at 10 a. m. Interment, St. Francis Solano Cemetery, Sonoma. Rosary will be recited Tuesday at 8 p. m. at the Chapel of Bates & Evans.

Revised by W. W. Feineman, Long Beach, California

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Aug. 23, 1955

Name of Deceased Martin Frank Larkin W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 18295 Riverside Dr. B. A. ☐ Husband ☐ Wife ☐ Widow of Frances

Charge to Mrs. Frances Larkin Age of Husband or Wife (if living)..... Years

Address.....

Order given by..... (or informant)

How Secured.....

If Veteran, Name of War No.

Occupation Teamster X 714-16-2180 (Social Security Number)

Employer and Address.....

Date of Death Aug 23, 1955 - 12:10 A. (Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct. 18, 1886 Age 68 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Francis Solano Church

Clergyman..... (Address)

Religion of the Deceased Catholic

Birthplace San Francisco -

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death.....

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician J. K. McGrath M.D. (or Coroner)

His Address Sonoma, Calif.

Name of Father John Xavier

His Birthplace Portugal

Maiden Name of Mother Catherine Lynot

Her Birthplace New York

Date of Funeral Aug 25 Thurs. 9:30 A.M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to.....

Size of Casket #95 Grey H.P. (State Color and Number)

Manufactured by Golden State C. Co.

Cemetery / Crematory } St. Francis Solano Cem.

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Miscellaneous.....

LARKIN—In Boyes Hot Springs, Calif., August 23, 1955. Martin Frank Larkin, dearly beloved husband of Mrs. Frances Larkin, beloved father of Mrs. Edna O'Rorke and Martin Larkin, Jr., loving brother of Jack Larkin, Mrs. Nellie Streett, Mrs. Mary Boyd and Mrs. Bella Fellows and the late Joe Larkin, adored grandfather of Dennis, Kathleen and Maureen O'Rorke; a native of San Francisco, aged 68 years. A member of S. F. Aerie No. 5 F. O. E. and Brotherhood of Teamsters Union S. F.

Friends are invited to attend the funeral service Thursday, August 25 at 9 a. m. from the Chapel of Bates & Evans, Sonoma, Calif., thence to St. Francis Solano Church, where a Requiem Mass will be offered for the repose of his soul commencing at 9:30 a. m. Interment, St. Francis Solano Cemetery. Rosary will be recited Wednesday evening at 8 o'clock.

Complete Funeral (except outlays)	$ 391
Casket	
Burial Vault or Box (State Kind)	15-
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress (State Kind and Color)	19.50
Slippers, $ ..... Hose, $	1.50
Folding Chairs, $ ..... Tarpaulin, $	1.50
Candelabrum, $ ..... Candles, $	2.50
Door Spray, $ ..... Gloves, $	3.50
Funeral Car, $ ..... Ambulance, $	6.00
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)	
Pall Bearer Service, $ .... Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot One Grave	100
Cremation 9/2/55 One Reserved	
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ .... of Temporary Vault, $	
Opening of Grave or Tomb	25-
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $ ..... Singers, $ .... Organist, $	
Railroad / or Motor } Tickets, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service Mass	15-
....line Death Notices in ..... Papers	
Local (Names of Newspapers)	5 15
S. F. Examiner	10 08
Sales Tax	6 32
Total Footing of Bill	$ 567 55
Less 20 30 30 days 4%	$ 4 00
Balance	$ 571 55
Entered into Ledger, page ..... extra Grave or below.	100
	671 55
Miscellaneous	20 30
	651 25

9-5-55 platted

	Amount Paid	Balance	Date		Amount Paid	Balance
		$		To Balance Forward		$
	$	$		By Payment	$	$
	$	$	Sept. 2, 55	" Cash	$65 25	$
	$	$		"	$	$
	$	$		"	$	$
	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Aug. 27, 1955

Name of Deceased Annie Gaffney White

☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence 867 - 38th Ave S.F. ☐Husband ☐Wife ☐Widow } or ..... of } .....

Age of Husband or Wife (if living) ..... Years

Charge to ~~Mrs.~~ Margaret V. Slavin (Sister)

Address Same address

Order given by Tel - Bayview - 1-6046 (or informant)

How Secured .....

If Veteran, Name of War no

Occupation At home (Social Security Number)

Employer and Address .....

Date of Death Aug 27, 1955 12:35 P. (Mo.) (Day) (Yr.) (Hour)

Date of Birth May 29, 1864 Age 92 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Francis Solano Church (Address)

Clergyman .....

Religion of the Deceased Catholic

Birthplace Sonoma, Calif. (or U. S. or City or County)

Resided in the State ..... (Years) (Months)

Place of Death S.F. City & Co. Hospital

Cause of Death Hemorrhage from .....

Contributory Causes duodenal ulcer 3 days.

Arteriosclerotic ht. disease - & Sen Arteriosclerosis

Certifying Physician Richard Gross M.D. (or Coroner)

His Address S.F. Hospital -

Name of Father John Gaffney

His Birthplace Ireland

Maiden Name of Mother Mary Glynn

Her Birthplace Ireland

Date of Funeral Aug. 29, 1955 - 9 A - M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

Size of Casket 195 H ½ ch. Grey (State Color and Number)

Manufactured by Golden State C. Co.

Cemetery / Crematory } St. Francis Solano -

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Diagram of Lot or Vault

Miscellaneous .....

8-28-55 Statement

10-14-55 letter

Complete Funeral (except outlays)	$ 410
Casket	
Burial Vault or Box (State Kind)	15 -
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
~~Suit or~~ Dress Underwear + Hose 3 75 (State Kind and Color)	3 86
Slippers, $ ..... Hose, $ 14 11	
Folding Chairs, $ ..... Tarpaulin, $ Dress 17 00	17 -
Candelabrum, $ ..... Candles, $ 5 ¢	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	205
Limousines to Cemetery ..... @ $	15
Extra Limousines ..... @ $	2075
Autos to R. R. Station ..... @ $	2075
Getting Remains from	3
Taking Remains to	
Trip to Coroner's Inquest	225
Delivering Box to	7 2
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
Certif. Copies of Death Certificates No. ..... (State Physician's or Coroner's)	
Pall Bearer Service, $ .... Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot	
Cremation	
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ .... of Temporary Vault, $	
Opening of Grave or Tomb	25 -
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $ ..... Singers, $ .... Organist, $	
Railroad / Motor } Tickets, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service Mass	15 -
....line Death Notices in ..... Papers	
Call (Names of Newspapers)	5 15
Examiner	7 99
Pall Bearers - @ 5 00	10 00
Sales Tax	6 60
Total Footing of Bill	$ 516 11
Less 21.25 - 30 days -	$
Balance	$
Entered into Ledger, page ..... or below.	

Miscellaneous .....

GAFFNEY—In San Francisco, August 27, 1955, Annie Gaffney, sister of the late Mrs. Margaret Slavin and William Gaffney, beloved aunt of Margaret V. Slavin and Thomas J. Slavin of San Francisco; a native of Sonoma, aged 92 years.

Friends are invited to attend the funeral services Monday, August 29, 1955, at 8:30 a. m. at the Chapel of Bates & Evans, thence to St. Francis Church where a Requiem Mass will be offered for the repose of her soul commencing at 9 a. m. Interment, St. Francis Solano (Solano Cemetery). Rosary will be recited Sunday evening at 8 o'clock.

Date		Amount Paid		Balance		Date		Amount Paid		Balance	
	Balance			$			To Balance Forward			$	
	ent	$		$			By Payment	$		$	
		$		$		Nov. 11	On Acct.	$ 30	-	$ 486	11
		$		$		June 18	on acct	$ 30	-	$ 456	11
		$		$		Sept July 31	"	$ 60	-	$ 396	11
		$		$		Sept 14	"	$ 60	-	$ 336	11
		$		$		Nov 24	"	$ 30	-	$ 306	-
Insurance $		Names of Lodges				Jan 31	Insurance Companies	50		256	-

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to .....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Revised by W. W. Feineman, Long Beach, California

150

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Sept. 3 1955

Name of Deceased Henry Martens W.

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: 600 Petaluma Ave Sonoma ☐Husband ☐Wife ☐Widow } ..... or ..... of } Age of Husband or Wife (if living)..... Years

Charge to: A. J. Martens

Address..... abode

Order given by..... (or informant)

How Secured:

If Veteran, Name of War No.

Occupation Foundry Man Ret. No. (Social Security Number)

Employer and Address

Date of Death Sept 3, 1955 (Day) (Yr.) 2 A. (Hour)

Complete Funeral (except outlays)	$	473 —
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		23650 3
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		7095 0
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		

Form 184-10M-2-54

Se Henry

OFFICIAL RECEIPT OF

Cypress Lawn Memorial Park

COLMA 25, CALIFORNIA
Telephone PLaza 5-0580

C 7475

DATE 9/6/55 19

THE SUM OF Ninety eight 55/100 DOLLARS $ 98 55

AS PAYMENT ON FOR opng NO. L 1/2 DIV. LOT TIER 112 SECTION K.

REMARKS county tax — Henry Martens, decd —

RECEIVED FROM Bates & Evans Funeral Directors Sonoma, Calif. FOR ACCT. OF

CASH		MONEY ORDER		MAIL
CHECK	90-55 12/11			AT OFFICE
				COLLECTOR

THE CYPRESS LAWN CEMETERY ASSOCIATION

BY L. Cegodini

BALANCE in full

Maiden Name of Mother A. Wm.

Her Birthplace: Germany

Date of Funeral Sept 6, Tue 10:30 A.M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to Steele

Size of Casket Taupe 1526 H.P. Gaberdine (State Color and Number)

Manufactured by Sutter Casket Co.

Cemetery / Crematory } Cypress Lawn Cem. Ass. Mateo Co

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

9-24-55 Statement

Clergyman, $..... Singers, $..... Organist, $		
Railroad or Motor } Tickets, $..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service Music Themselves		
Rev. Van Es: Themselves		
line Death Notices in ..... Papers		
5 days S. F. Examiner (Names of Newspapers)	13	35
2 days Chronicle	12	75
Sales Tax	6	98
Total Footing of Bill	$ 604	63
Less 23.65 — 30 days	$ 23	65
Balance	$ 580	98

Entered into Ledger, page ..... or below.

Miscellaneous

MARTENS—In St. Helena, Calif., Sept 3, 1955, Henry Martens, husband of the late Marie Martens, beloved father of A. J. Martens, Mrs. Louise M. Kroeck, Mrs. Erna M. Swett, Mrs. Ella Hance, Nash and Mrs. Lillian H. Balzer; a native of Germany. Friends are invited to attend the funeral services Tuesday, Sept. 6, at 10:30 a. m. at the Chapel of Bates & Evans, Sonoma, Calif., thence to Nobel Chapel Cypress Lawn Cemetery, San Mateo County, where services will be conducted at 2 p. m. Interment, Cypress Lawn Cemetery.

	Amount Paid	Balance	Date		Amount Paid	Balance
Balance		$		To Balance Forward		$
	$	$		By Payment	$	$
	$	$	Oct 14 55	In full	$580 98	$
	$	$		" "	$	$
	$	$		" "	$	$
	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness.....

Address.....

Revised by W. W. Feineman, Long Beach, California

151

RECORD OF FUNERAL

Examiner Pd 9-13-55 — mc Thos —

Total No..... Yearly No..... Date of Entry Sept. 7 1955

Name of Deceased Louise W. Rubke

☑ Married ☐ Single ☐ Widowed ☐ Divorced (What Race) W.

Residence 975 West Napa — Sonoma ☐Husband ☐Wife ☐Widow } Grover C.
or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Grover C. Rubke

Address Sonoma

Order given by ..... (or informant)

How Secured .....

If Veteran, Name of War No.

Occupation Housewife No. (Social Security Number)

Employer and Address .....

Date of Death Sept 7 1955 8:20 P. (Mo.) (Day) (Yr.) (Hour)

Date of Birth April 12, 1887 Age 68 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev. Harriet Sonoma (Address)

Religion of the Deceased Prot.

Birthplace Monterey Calif

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death Memorial Hospital S.R.

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician ..... (or Coroner)

His Address .....

Name of Father Henry Weber

His Birthplace Germany

Maiden Name of Mother Sophie Peters

Her Birthplace Germany

Date of Funeral Sept. 10 Sat 2 P. M. (Date) (Day of Week) (Hour)

Motor Ship } Remains to .....

Size of Casket Sutter, ch. (State Color and Number)

Manufactured by Sutter Casket Co.

Cemetery Crematory } I.O.O.F. Mausoleum S.R.

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

9-16-55 Statement

.....

Complete Funeral (except outlays)	$ 523 —
Casket	
Burial Vault or Box (State Kind)	
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
~~Suit or~~ Dress 21.50 pearl 1.00 24 68¢ (State Kind and Color)	22 18
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	26 50
Candelabrum, $ ..... Candles, $	22 50
Door Spray, $ ..... Gloves, $	2 84 —
Funeral Car, $ ..... Ambulance, $	3
Limousines to Cemetery ..... @ $	8 52
~~Extra~~ Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to ~~Santa~~ Rosa	10 00
Removal Charges	
Procuring Burial Permit (State Number and District)	
___Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	
Pall Bearer Service, $ .... Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot	
Cremation	
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ .... of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $ ..... Singers, $ .... Organist, $	
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service. Rev. Harriet	10 —
Music — June Bean — Evelyn Ashworth	10 —
....line Death Notices in ..... Papers	
Local (Names of Newspapers)	5 15
J. Democrat	5 00
S.F. Examiner	7 14
Sales Tax	7 85
Total Footing of Bill	$ 601 37
Less 26.15 — 30 days	$ 26 15
Balance	$ 575 17
Entered into Ledger, page ..... or below.	
Miscellaneous	

RUBKE—In Santa Rosa, Calif., September 7, 1955, Louise W. Rubke, dearly beloved wife of Grover C. Rubke of Sonoma, beloved mother of Mrs. Dale Farrell of Sonoma and Mrs. Thelma Provan of Vallejo, loving sister of Mrs. Henrietta Purviance of San Francisco and the late Mrs. Sophie Lowell and Henry Weber, adored grandmother of Edwin, Gail and Robert Farrell of Sonoma and Robert Provan of Vallejo; a native of California.

Friends are invited to attend the funeral services Saturday, September 10, at 2 p. m. at the Chapel of Bates & Evans, Sonoma, Calif. Entombment, Santa Rosa Memorial Park Mausoleum.

	Amount Paid	Balance	Date		Amount Paid	Balance
ce.....	.....	$.....		To Balance Forward....	.....	$.....
.....	$.....	$.....		By Payment.....	$.....	$.....
.....	$.....	$.....	Sept 22 55	" "	$.....	$.....
.....	$.....	$.....		In full.....	$ 575 17	$.....
.....	$.....	$.....		" "	$.....	$.....
" "	$.....	$.....		" "	$.....	$.....

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Revised by W. W. Feineman, Long Beach, California

150

RECORD OF FUNERAL

Total No. ..... Yearly No. ..... Date of Entry Sept. 3 1955

Name of Deceased Henry Martens W.

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: 600 Oklahoma Ave Sonoma ☐Husband ☐Wife ☐Widow } ..... or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to G. J. Martens

Address ..... Aboard

Order given by ..... (or informant)

How Secured .....

If Veteran, Name of War No.

Occupation Foundry Man Ret. No. (Social Security Number)

Employer and Address .....

Date of Death Sept 3 1955 2 9 (Mo.) (Day) (Yr.) (Hour)

Birth April 17 1860 Age 95 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

s at Chapel

nan Rev. Van Es Sonoma (Address)

n of the Deceased Dent.

ace Germany

d in the State ..... (or U. S. or City or County) (Years) (Months)

f Death 7th day Adventist Sanitarium

of Death St Helena

butory Causes Cerebro-Vascular Accident

.....

ying Physician ..... (or Coroner)

ddress: .....

of Father John Martens

irthplace Holland

Maiden Name of Mother Marie Eden

Her Birthplace Germany

Date of Funeral Sept 6, Tue 10:30 A.M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to Staple

Size of Casket Supe - 1526 H.P. Gaberdine (State Color and Number)

Manufactured by Sutter Casket Co.

Cemetery / Crematory } Cypress Lawn Cem. Co. Mateo Co

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Diagram of Lot or Vault

Miscellaneous .....

.....

9-24-55 Statement

Complete Funeral (except outlays)	$ 473 -
Casket	
Burial Vault or Box (State Kind)	
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	2.36 50 3
Dressing Body, $ ..... Underwear, $	
Suit or Dress (State Kind and Color)	7.00 95 50
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	
Pall Bearer Service, $ .... Use of Chapel, $	
Gross Total for Sales Tax ..... $	
Outlay for Lot Cypress Lawn	96 05
Cremation San Mateo permit	2 50
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ .... of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $ ..... Singers, $ .... Organist, $	
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service Music Themselves	
Rev. Van Es Themselves	
..... line Death Notices in ..... Papers	
5 days' P.P. Examiner (Names of Newspapers)	13 35
2 days Chronicle	12 75
.....	
Sales Tax	6 98
Total Footing of Bill ..... $	604 63
Less 23.65 - 30 days' ..... $	23 65
Balance ..... $	580 98
Entered into Ledger, page ..... or below.	

Miscellaneous .....

MARTENS—In St. Helena, Calif., Sept 3, 1955, Henry Martens, husband of the late Marie Martens, beloved father of A. J. Martens, Mrs. Louise M. Kroeck, Mrs. Erna M. Swett, Mrs. Lilla Hance Nash and Mrs. Lillian H. Balzer; a native of Germany.
Friends are invited to attend the funeral services Tuesday, Sept. 6, at 10:30 a. m. at the Chapel of Bates & Evans, Sonoma, Calif., thence to Nobel Chapel Cypress Lawn Cemetery, San Mateo County, where services will be conducted at 2 p. m. Interment, Cypress Lawn Cemetery.

	Amount Paid	Balance	Date		Amount Paid	Balance
..... Hance		$		To Balance Forward		$ .....
.....	$	$		By Payment	$	$ .....
.....	$	$	Oct 14 55	Dr. full	$ 580 98	$ .....
.....	$	$		" "	$	$ .....
..... " "	$	$		" "	$	$ .....
..... " "	$	$		" "	$	$ .....

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

580.98
575.17
5.81

151

RECORD OF FUNERAL

Examiner Pd inc this 9-13-55

Total No..... Yearly No..... Date of Entry Sept. 7 1955

Name of Deceased Louise W. Rubke

☑ Married ☐ Single ☐ Widowed ☐ Divorced (What Race) W.

Residence 975 West Napa - Sonoma ☐Husband ☐Wife ☐Widow of Grover C.

Charge to Grover C. Rubke Age of Husband or Wife (if living)..... Years

Address Sonoma

Order given by (or informant)

How Secured

If Veteran, Name of War no

Occupation Housewife no (Social Security Number)

Employer and Address

Date of Death Sept 7 1955 8:20 P (Mo.) (Day) (Yr.) (Hour)

Date of Birth April 12 1887 Age 68 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev. Worrell Sonoma (Address)

Religion of the Deceased Prot.

Birthplace Monterey, Calif

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Memorial Hospital S R

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father Henry Weber

His Birthplace Germany

Maiden Name of Mother Sophie Peters

Her Birthplace Germany

Date of Funeral Sept 10 Sat 2 P M (Date) (Day of Week) (Hour)

Motor / Ship } Remains to

Size of Casket Sutter, 4 ch. (State Color and Number)

Manufactured by Sutter Casket Co.

Cemetery / Crematory } I.O.O.F. Mausoleum S.R.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

9-16-55 Statement

Complete Funeral (except outlays)	$	523 —
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
Dressing Body, $ ... Underwear, $		
~~Suit or~~ Dress 21.50 pearl 2.00 24.68 (State Kind and Color)		23 18
Slippers, $ ... Hose, $		
Folding Chairs, $ ... Tarpaulin, $		26 50
Candelabrum, $ ... Candles, $		22 50
Door Spray, $ ... Gloves, $		
Funeral Car, $ ... Ambulance, $		28 4 —
Limousines to Cemetery ... @ $		3
~~Extra~~ Limousines ... @ $		
Autos to R. R. Station ... @ $		8 52
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to Santa Rosa		10 00
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ ... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ... Palms, $ ... Matting, $		
Rental of Tent, $ ... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ... Singers, $ ... Organist, $		
Railroad or Motor } Tickets, $ ... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service. Rev. Worrell		10 —
Music - June Bean - Evelyn Ashworth		10 —
... line Death Notices in ... Papers		
Press Democrat (Names of Newspapers)		5 15
I.P. Democrat		5 00
S.F. Examiner		7 14
Sales Tax		7 85
Total Footing of Bill	$	601 32
Less 26.15 - 30 days	$	26 15
Balance	$	575 17
Entered into Ledger, page ... or below.		

Miscellaneous

RUBKE—In Santa Rosa, Calif., September 7, 1955, Louise W. Rubke, dearly beloved wife of Grover C. Rubke of Sonoma, beloved mother of Mrs. Dale Farrell of Sonoma and Mrs. Thelma Provan of Vallejo, loving sister of Mrs. Henrietta Purviance of San Francisco and the late Mrs. Sophie Lowell and Henry Weber, adored grandmother of Edwin, Gail and Robert Farrell of Sonoma and Robert Provan of Vallejo; a native of California.
Friends are invited to attend the funeral services Saturday, September 10, at 2 p. m. at the Chapel of Bates & Evans, Sonoma, Calif. Entombment, Santa Rosa Memorial Park Mausoleum.

	Amount Paid	Balance	Date		Amount Paid	Balance
ce	$	$		To Balance Forward	$	$
"	$	$		By Payment	$	$
"	$	$	Sept 22 55	"	$	$
"	$	$		In full	$ 575 17	$
"	$	$		" "	$	$
" "	$	$	" "		$	$

Insurance $ ... Names of Lodges ... Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from maturity at the rate of ... % per annum.

Signed ...

Witness ... Address ...

Revised by W. W. Feineman, Long Beach, California

152

RECORD OF FUNERAL

Total No. ..... Yearly No. ..... Date of Entry Sept 10 19 55

Name of Deceased Auguste Anne Marie Schatz W.

☐ Married ☐ Single ☑ Widowed ☐ Divorced (What Race)

Residence 7650 Knob Hill Rd. Sonoma ☐Husband ☐Wife ☐Widow } of William C.

Charge to Mrs. Helen Norene Age of Husband or Wife (if living) ..... Years

Address Above

Order given by ..... (or informant)

How Secured .....

If Veteran, Name of War No.

Occupation At home No. (Social Security Number)

Employer and Address .....

Date of Death Sept. 10, 1955 5:40 A. (Mo.) (Day) (Yr.) (Hour)

Date of Birth Sept. 24, 1865 Age 89 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev. Morrill Sonoma (Address)

Religion of the Deceased Prot.

Birthplace Germany

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma Co. Hospital

Cause of Death Arteriosclerotic heart

Contributory Causes Disease

.....

Certifying Physician C. B. Farinella M.D. (or Coroner)

His Address Sonoma Co. Hospital

Name of Father .....

His Birthplace Germany

Maiden Name of Mother Fisher

Her Birthplace Germany

Date of Funeral Sept. 13 Tue. 2 P. M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

Size of Casket #97 Marbled Pearl (State Color and Number)

Manufactured by Golden State Casket Co.

Cemetery / Crematory } Valley Cemetery Sonoma

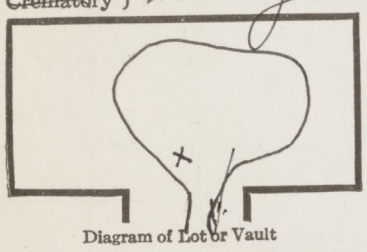

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

9-20-55 took Statement

Complete Funeral (except outlays)	$ 364 —
Casket	
Burial Vault or Box (State Kind)	15 —
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
~~Suit or~~ Dress 17.00 24.51 (State Kind and Color)	17 51
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	18 —
Limousines to Cemetery ..... @ $	13 —
Extra Limousines ..... @ $	17 —
Autos to R. R. Station ..... @ $	21 4
Getting Remains from	21 3
Taking Remains to	
Trip to Coroner's Inquest	6 42
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
___Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)	
Pall Bearer Service, $ .... Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot	
Cremation	
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ .... of Temporary Vault, $	
Opening of Grave or Tomb	25 —
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $ ..... Singers, $ .... Organist, $	
Railroad / or Motor } Tickets, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service Rev. Morrill	10 —
....Music - Dunbar - June Bean	10 —
....line Death Notices in ..... Papers	
..... Local (Names of Newspapers)	5 15
Sales Tax	5 91
Total Footing of Bill	$ 452 57
Less 18.95 30 days	$ 18 95
Balance	$ 433 62
Entered into Ledger, page ..... or below.	

Miscellaneous .....

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
Sept 20, 1955	on Acct	$ 73 57	$
Sept 26	"In full	$ 360 05	$
	" "	$	$
	" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Sept 14 1955

Name of Deceased Herbert R. Holt

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 22120 Broadway Sonoma ☐Husband ☐Wife ☐Widow } or ..... of } Viola B. (What Race)

Charge to Mrs. Viola B. Holt Age of Husband or Wife (if living) ..... Years

Address Above

Order given by ..... (or informant)

How Secured .....

If Veteran, Name of War no.

Occupation Ret. Millrite 565-07-9276 (Social Security Number)

Employer and Address

Complete Funeral (except outlays)	$ 560	-
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		280
Dressing Body, $ ..... Underwear, $		3
Suit or Dress (State Kind and Color)		8.40
Slippers, $ ..... Hose, $		

To insure proper identification of your Account ALWAYS REFER TO:

LEDGER a/c No. 15/2490-H AMOUNT $ 168.40

$ ..... DATE 9-16 1955

RECEIPT C 9065

RECEIVED: One Hundred sixty-eight 40/100 Dollars

Bal. fwd.

Paid in Cash ..... Check H

New Bal.

To Cr. or Acct. of:

FROM: NAME Jewell R Evans

ADDRESS Sonoma

California

PLOT 52D Lot 545 Graves 1

Name of Father Walter Holt

His Birthplace England

Maiden Name of Mother Ess

Her Birthplace England

Date of Funeral Sept 16 (Date) (

Motor / Ship } Remains to .....

Size of Casket ..... (Sta

Manufactured by Golden

Cemetery / Crematory } Mt. View Ce

Lot # 545
Plat. 52 D

Diagram of Lot or Vault

Miscellaneous.....

9-24-55 statem

Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
..... vice, $		
..... anist, $		
..... rvice, $		
..... ges		
.....		
..... rges		
.....	10	-
.....	10	-
..... pers		
..... Burial	700	
	5	15
	8	40
$	768	95
..... yp. $	28	
$	740	95

below.

Date			Amount Paid		Balance	
		To Above Balance			$	
		By Payment	$		$	
		" "	$ 740	95	$	
		" "	$		$	
		" "	$		$	
		" "	$		$	

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within .....days from date. Interest to accrue from maturity at the rate of .....% per annum.

Signed.....

Witness..... Address.....

Revised by W. W. Feineman, Long Beach, California

O. K. Martin
THE CHAMPION COMPANY, SPRINGFIELD, OHIO
HOME ADDRESS
60 Brooklyn Ave.
SAN JOSE 28, CALIF.
Tel: CYpress 3-5976
PACIFIC COAST BRANCH
610 - 16th St.
OAKLAND 12, CALIF.
Tel: HIghgate 4-5604
OVER 75 YEARS OF SERVICE TO THE PROFESSION

152

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Sept 10 19 55

Name of Deceased Auguste Anne Marie Schatz W.

☐ Married ☐ Single ☑ Widowed ☐ Divorced (What Race)

Residence 7650 Knob Hill Rd. Sonoma ☐Husband ☐Wife ☐Widow } of William C.

or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Helen Norene

Address Above

Order given by ..... (or informant)

How Secured .....

If Veteran, Name of War No.

Occupation At home No. (Social Security Number)

Employer and Address .....

Date of Death Sept. 10, 1955 5:40 A. (Mo.) (Day) (Yr.) (Hour)

Date of Birth Sept. 24, 1865 Age 89 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev. D Morrill Sonoma (Address)

Religion of the Deceased Prot.

Birthplace Germany

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma Co. Hospital

Cause of Death Arteriosclerotic heart

Contributory Causes Disease

Certifying Physician C. B. Farinella M.D. (or Coroner)

His Address Sonoma Co.

Name of Father .....

His Birthplace Germany

Maiden Name of Mother .....

Her Birthplace Germany

Date of Funeral Sept. 13 (Date) (Day of We

Motor / Ship } Remains to .....

Size of Casket #97 Marbl (State Color a

Manufactured by Golden Rt

Cemetery / Crematory } Valley Cemeter

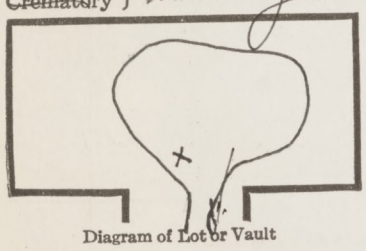

Diagram of Lot or Vault

Lot N

Grave

Sectio

Block

Owne

Miscellaneous .....

9-20-55 took Rate

Complete Funeral (except outlays)	$ 364 -
Casket	
Burial Vault or Box (State Kind)	15 -
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
~~Suit or~~ Dress 17.00 24.51 (State Kind and Color)	17 51
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	18 -
Funeral Car, $ ..... Ambulance, $	15 -
Limousines to Cemetery ..... @ $	17 -
Extra Limousines ..... @ $	21 4
Autos to R. R. Station ..... @ $	21 3
Getting Remains from	6 4 2
Taking Remains to	6 1
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
___Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)	
Pall Bearer Service, $ .... Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot	
	25 -
	10 -
	10 -
	5 15
	5 91
	$ 452 57
	$ 18 95
	$ 433 62

Date														Amount Paid		Balance	
		To Above Balance														$	
		By Payment	$		$											$	
		" "	$		$									13	57	$	
		" "	$		$		Wtpt	76	"on gun					$10	05	$	
		" "	$		$				" "					$		$	
		" "	$		$				" "					$		$	

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Sept 14 1955

Name of Deceased Herbert R. Holt

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 22120 Broadway Sonoma ☐Husband ☐Wife ☐Widow } Viola B. (What Race)
or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Viola B. Holt

Address Abalone

Order given by ..... (or informant)

How Secured .....

If Veteran, Name of War no.

Occupation Ret. Millrite 565-07-9276 (Social Security Number)

Employer and Address .....

To insure proper identification of your Account ALWAYS REFER TO:

LEDGER a/c No. 15/2490-H AMOUNT $168.40

$ .....

RECEIPT C 9065

DATE 9-16 1955

RECEIVED: One Hundred sixty-eight & 40/100 Dollars

Bal. fwd.

Paid in Cash ..... Check ..... New Bal.

To Cr. or Acct. of:

FROM: NAME Jewell R Evans

ADDRESS Sonoma
California

PLOT 52D Lot 545 Graves 1

Complete Funeral (except outlays)	$ 560	-
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		280
Dressing Body, $ ..... Underwear, $		3
Suit or Dress (State Kind and Color)		8.40
Slippers, $ ..... Hose, $		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ ..... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ ..... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service Rev. Marshall	10	-
music - Cooke - Bean	10	-
....line Death Notices in ..... Papers		
Oakland Tribune	7	00
(Names of Newspapers) Local	5	15
Sales Tax	8	40
Total Footing of Bill	$ 168	95
Less 28.00 - 30 days	$ 28	
Balance	$ 140	95

Name of Father Walter Holt

His Birthplace England

Maiden Name of Mother Emily Frankline

Her Birthplace England

Date of Funeral Sept 16 Fri 12:30 P.M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

Size of Casket ..... (State Color and Number)

Manufactured by Golden Gate Casket Co.

Cemetery / Crematory } Mt View Cem Oakland

Lot #545
Plat 52D

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

9-24-55 statement

Entered into Ledger, page ..... or below.

Miscellaneous .....

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance				To Balance Forward		
	By Payment			Oct 6 55	By Payment Paid in full	140 95	
	" "				" "		
	" "				" "		
	" "				" "		
	" "				" "		

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. .... Yearly No. .... Date of Entry Sept. 10 1955

Name of Deceased Auguste Anne Marie Schatz - W. (What Race)

☐ Married ☐ Single ☑ Widowed ☐ Divorced

Residence 2650 Knob Hill Rd. Sonoma ☐Husband ☐Wife ☐Widow or .... of William C. Age of Husband or Wife (if living) .... Years

Charge to Mrs. Helen Norene

Address Above

Order given by .... (or informant)

How Secured ....

If Veteran, Name of War ....

Occupation at hom[e]

Employer and Address ....

Date of Death Sept. (Mo.)

Date of Birth Sept. 24 (Mo.)

Services at Chapel

Clergyman Rev. ...

Religion of the Deceased ....

Birthplace Germ[any]

Resided in the State ....

Place of Death Sono[ma]

Cause of Death Arter[...]

Contributory Causes ....

Certifying Physician C. B. Farinella M.D. (or Coroner)

His Address Sonoma Co.

Name of Father ——

His Birthplace Germany

Maiden Name of Mother ——

Her Birthplace Germany

Date of Funeral Sept. 13 - [...] (Date) (Day of W[eek])

Motor / Ship } Remains to ....

Size of Casket #97 - Marble (State Color and Number)

Manufactured by Golden [...]

Cemetery / ~~Crematory~~ } Valley Cemetery

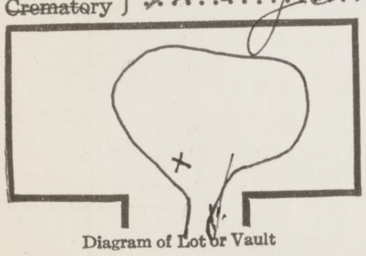

Diagram of Lot or Vault

Lot N[o.] / Grave [No.] / Sectio[n No.] / Block [No.] / Owne[r]

Miscellaneous ....

9-20-55 took State[ment]

Item	Amount	
Complete Funeral (except outlays)	$ 364	—
Casket		
Burial Vault or Box (State Kind)	15	—
Embalming Body (Name of Embalmer)		
Barber, $ ... Hair Dressing, $		
... Underwear, $		
	17	51
Gross Total		
Outlay for Lot		
	25	—
	10	—
	10	—
	5	15
	5	91
	$ 452	57
	$ 18	95
	$ 433	62

Date			Amount	Paid	Balance	
		To Above Balance			$	
		By Payment	$		$	
		" "	$ [...]3	57	$	
Sept	16	" in full	$ [...]60	05	$	
		" "	$		$	
		" "	$		$	

Insurance $ .... Names of Lodges .... Insurance Companies ....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to .... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within .... days from date. Interest to accrue from maturity at the rate of .... % per annum.

Signed ....

Witness .... Address ....

Revised by W. W. Feineman, Long Beach, California

[Attached slip, printed upside down:]

[...]tain View Cemetery Association
[...]EDMONT AVENUE, OAKLAND 11, CALIF.

By [illegible]

Interment at [illegible] — Grave Box — Concrete Vault ✓
[CR]EMATION of — Sales Tax
[E]NTOMBMENT OF — CRYPT / NICHE — Tier
[I]NURNMENT OF
[Fou]ndation — Inscription — Urn — Sales Tax
[...]it — CC — Name Plate — Sales Tax
[...]est to — $ — Recording
Princ. $ — Total $

X	X
24	891
	01
24	85
00	06

[Attached slip (reverse, faint):] THE CHAMPION COMPANY, SPRINGFIELD, OHIO — PACIFIC COAST BRANCH — 610 - 16th St. — OAKLAND 12, CALIF. — HOME ADDRESS — 60 Brooklyn Ave. — SAN JOSE 28, CALIF. — OVER 75 YEARS OF SERVICE TO THE PROFESSION

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Sept 14 1955

Name of Deceased Herbert R. Holt

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 2220 Broadway Panama ☐Husband ☐Wife ☐Widow } or ..... of } Viola B. (What Race)

Age of Husband or Wife (if living)..... Years

Charge to Mrs. Viola B. Holt

Address Abaure

Order given by (or informant)

How Secured

If Veteran, Name of War no.

Occupation Ret. Millrite 565-07-9276 (Social Security Number)

Employer and Address

Date of Death Sept. 14, 1955 9:55 a- (Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct. 25, 1885 Age 69 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev. Marrill Panama (Address)

Religion of the Deceased Prot

Birthplace Birmingham England

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death Myocardial failure + Pulmonary

Contributory Causes Infarct

Certifying Physician Dr. M. Mikita (or Coroner)

His Address Bayes Hot Springs

Name of Father Walter Holt

His Birthplace England

Maiden Name of Mother Emily Franklin

Her Birthplace England

Date of Funeral Sept 16 Fri 12:30 P.M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by Golden Gate Casket Co

Cemetery / Crematory } Mt. View Cem. Oakland

Lot #545
Plat 52 D

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

9-24-55 statement

Complete Funeral (except outlays)	560	-
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		280
Suit or Dress (State Kind and Color)		3
Slippers, $ ..... Hose, $		8.40
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax		
Outlay for Lot at Mt. View Cem	168	40
Cremation Concrete Vault inc.		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service Rev. Marrill	10	-
Music - Cooke - Bean	10	-
....line Death Notices in ..... Papers		
Oakland Tribune (Names of Newspapers)	7	00
Local	5	15
Sales Tax	8	40
Total Footing of Bill	168	95
Less 28.00 - 30 days	28	
Balance	140	95
Entered into Ledger, page ..... or below.		

Miscellaneous

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$	Oct 6 55	By Payment	$ 140 95	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Revised by W. W. Feineman, Long Beach, California

152

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Sept 10 19 57

Name of Deceased Auguste Anne Marie Schatz W.

☐ Married ☐ Single ☑ Widowed ☐ Divorced (What Race)

Residence 7650 Knox Hill Rd. Sonoma ☐Husband ☐Wife ☐Widow of } William C.

Charge to Mrs. Helen Norene Age of Husband or Wife (if living)..... Years

Address Above

Order given by..... (or informant)

Complete Funeral (except outlays)	$	364 -
Casket		
Burial Vault or Box (State Kind)		15 -
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $..... Underwear, $		17 51

How Secured

If Veteran, Name of War

Occupation at home

Employer and Address

Date of Death Sept. (Mo.)

Date of Birth Sept. 24 (Mo.)

Services at Chapel

Clergyman Rev. D.

Religion of the Deceased

Birthplace Germ

Resided in the State

Place of Death Sono

Cause of Death Arte

Contributory Causes

Certifying Physician

His Address: Son

Name of Father

His Birthplace Ge

Maiden Name of M

Her Birthplace:

Date of Funeral

Motor / Ship } Remains to

Size of Casket #

Manufactured by

Cemetery / ~~Crematory~~ } Val

Diagram of Lot or Vault

Miscellaneous

9-20-57 took

Date		
		To Above
		By Paym
		" "
		" "
		" "
		" "

Insurance $.....

I hereby authorize the above

for the payment of aforesaid

maturity at the rate of

Witness.....

Signed.....

Address.....

Revised by W. W. Feineman, Long Beach, California

Main Lawn Cemetery Association
EDMONT AVENUE, OAKLAND 11, CALIF.

By

$ Princ. $ Total $

Recording

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Inscription

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Name Plate Sales Tax

Urn

Sales Tax

NUMENT OF

ENTOMBMENT OF

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Tier

EC

REMATION of

Concrete Vault

Sales Tax

Grave Box

Interment at

PLOT

Lot 525 Graves 1

ADDRESS

NAME

Paid in Cash

RECEIVED:

Check

New Bal.

To Cr. or Acct. of:

Dollars

Bal. fwd.

DATE

AMOUNT $ 168.40

RECEIPT C 9065

LEDGER a/c No.

To insure proper identification of Your Account ALWAYS REFER TO:

$ 433 62

aid Balance

57 $

05 $

al Directors.)

nterest to accrue from

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Sept 14 1955

Name of Deceased Herbert R. Holt

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 22120 Broadway Sonoma ☐Husband ☐Wife ☐Widow } Viola B. (What Race)
or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Viola B. Holt

Address Abalone

Order given by ..... (or informant)

How Secured .....

If Veteran, Name of War no.

Occupation Ret. Millrite 565-07-9276 (Social Security Number)

Employer and Address .....

Date of Death Sept. 14, 1955 9:55 a- (Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct. 25, 1885 Age 69 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev. Marrell Sonoma (Address)

Religion of the Deceased Prot

Birthplace Birmingham England

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death Myocardial failure + Pulmonary

Contributory Causes Infarct

.....

Certifying Physician Dr. M. Mikata (or Coroner)

His Address Boyes Hot Springs

Name of Father Walter Holt

His Birthplace England

Maiden Name of Mother Emily Frankline

Her Birthplace England

Date of Funeral Sept. 16 Fri. 12:30 P.M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

Size of Casket ..... (State Color and Number)

Manufactured by Golden Gate Casket Co.

Cemetery / Crematory } Mt. View Cem. Oakland

Lot #545
Plat 52 D

Diagram of Lot or Vault

Lot No.....
Grave No.....
Section No.....
Block No.....
Owner.....

Miscellaneous.....

9-24-55 statement

Complete Funeral (except outlays)	560	-
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		2 80
Dressing Body, $ ..... Underwear, $		3
Suit or Dress (State Kind and Color)		8 40
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax $		
Outlay for Lot at Mt. View Cem.	168	40
Cremation Concrete Vault inc.		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service Rev. Marrell	10	-
music - Cooke - Bean	10	-
....line Death Notices in ..... Papers		
Oakland Tribune	7	00
(Names of Newspapers) Local	5	15
Sales Tax	8	40
Total Footing of Bill $	168	95
Less 28.00 - 30 days $	28	
Balance $	140	95
Entered into Ledger, page ..... or below.		

Miscellaneous.....

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance				To Balance Forward		
	By Payment			Oct 6 55	By Payment Paid in Full	140 95	
	" "				" "		
	" "				" "		
	" "				" "		
	" "				" "		

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Revised by W. W. Feineman, Long Beach, California

154

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Sept 14 1955

Name of Deceased Leslie D. Perkins W.

☒ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence Hiway 12 Fetters Hot Springs ☐Husband ☐Wife ☐Widow } Lillian

Charge to Mrs. Lillian Perkins or..... of } Age of Husband or Wife (if living)..... Years

Address Abbott 336 P.O. Bx. D. Fetters

Order given by..... (or informant)

How Secured.....

If Veteran, Name of War No.

Occupation Divorce Sta. Operator No. (Social Security Number)

Employer and Address.....

Date of Death Sept. 14, 1955 - 8:22 P. (Mo.) (Day) (Yr.) (Hour)

Date of Birth Dec 1, 1900 - Age 54 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev. Ralph Richardson Sonoma (Address)

Religion of the Deceased Prot.

Birthplace St. Louis, Missouri

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma District Hospital

Cause of Death Lymphatic Leukemia

Contributory Causes Myocardial failure

.....

Certifying Physician G. K. McGrath M.D. (or Coroner)

His Address Sonoma, Calif.

Name of Father Charles Perkins

His Birthplace.....

Maiden Name of Mother Cora Knox

Her Birthplace Iowa

Date of Funeral Sept. 17 Sat. 2 P. M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to.....

Size of Casket A (State Color and Number)

Manufactured by S. F. Casket Co.

Cemetery / Crematory } Mt. Cemetery Sonoma

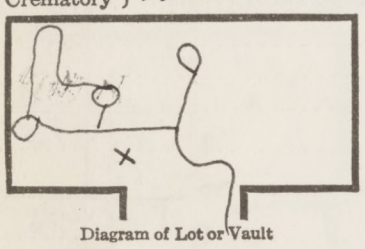

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Miscellaneous.....

.....

9-24-55 Statement

Complete Funeral (except outlays)	$ 268	
Casket		
Burial Vault or Box (State Kind)	15	
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		13 4 10
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		14 3 47
Door Spray, $..... Gloves, $		
Funeral Car, $..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		4 47
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)	5	
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $..... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $..... Palms, $..... Matting, $		
Rental of Tent, $..... of Temporary Vault, $		
Opening of Grave or Tomb	60	00
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $..... Organist, $		
Railroad / or Motor } Tickets, $..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
Rev. Richardson	10	00
....line Death Notices in..... Papers		
Local (Names of Newspapers)	5	15
Sales Tax	4	47
Total Footing of Bill	$ 367	62
Less 14.15 - 30 days	$	
Balance	$	
Entered into Ledger, page .....or below.	368	62

Miscellaneous.....

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$ 20	$		By Payment	$	$
	"	$ 20 -	$	Sept 24, 1955	on acct	$ 100	$
	"	$ 20 -	$	Oct 24 1955	" "	$ 20	$
	"	$ 27 64	$	Dec 2, 1955	" "	$	$
	" "	$	$				

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Revised by W. W. Feineman, Long Beach, California

Jan 30/56 20.00
Feb 29/56 20.00
Mch 30/56 20.00
Apr 30/56 27.64
Jan 2 1956 on acct 20.00
Feb 2 1956 on acct 20.00
March 6, 1956 on acct 50.00
April 6, 1956 on acct 20.00
May 4, 1956 20.00
June 7, 1956 20.00
June 29 1956 20.00

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Oct. 2 19 55

Name of Deceased Roland Garfield Wendemier W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 20715 - 5th St. East Sonoma ☐ Husband ☐ Wife ☐ Widow } of Martha

or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Martha Wendemere

Address above

Order given by Mrs. Marjorie Stevenson (Daughter)
(or informant)

How Secured

If Veteran, Name of War no

Occupation Ret. Turkey Ranch X 555-28-2872 (Social Security Number)

Employer and Address self

Date of Death Oct 2, 1955 10:20 A-
(Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct 5, 1879 Age 75 11 29
(Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev. Marrill (Address)

Religion of the Deceased Prot.

Birthplace Weatherby, Missouri

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Home -

Cause of Death

Contributory Causes

Certifying Physician Michael M. Mikata M.D. (or Coroner)

His Address Sonoma Hayes Springs

Name of Father John Wendemier

His Birthplace Germany

Maiden Name of Mother Amelia

Her Birthplace Germany -

Date of Funeral Oct 4, Tues - 2 P. M.
(Date) (Day of Week) (Hour)

Motor / Ship } Remains to Weather

Size of Casket Grafer H.P. Metal sealer -
(State Color and Number)

Manufactured by S. F. Casket Co. -

Cemetery / Crematory } Mt. Cemetery Sonoma

Section A
Row - 1
Grave # 13
Reserved - 14-15-16-17

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

10-8-55 Statement

Complete Funeral (except outlays)	920 -
Casket	
Burial Vault or Box (State Kind)	175 -
Embalming Body (Name of Embalmer)	
Barber, $ ... Hair Dressing, $	4 60
Dressing Body, $ ... Underwear, $	12 75
Suit or Dress (State Kind and Color)	6 35
Slippers, $ ... Hose, $	2 3
Folding Chairs, $ ... Tarpaulin, $	19 05
Candelabrum, $ ... Candles, $	
Door Spray, $ ... Gloves, $	
Funeral Car, $ ... Ambulance, $	
Limousines to Cemetery ... @ $	
Extra Limousines ... @ $	
Autos to R. R. Station ... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)	
Pall Bearer Service, $ ... Use of Chapel, $	
Gross Total for Sales Tax $	
Outlay for Lot 5 Graves - engraved	500 -
Cremation	
Flowers, $ ... Palms, $ ... Matting, $	
Rental of Tent, $ ... of Temporary Vault, $	
Opening of Grave or Tomb	60 -
Lining Grave, $ ... Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $ ... Singers, $ ... Organist, $	
Railroad / or Motor } Tickets, $ ... Aero-plane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service Rev. Marrill	10 -
Music - ~~Blan~~ Dunbar Legacy - ~~Funeral~~	10 -
... line Death Notices in ... Papers	
Local -	5 15 -
(Names of Newspapers)	
Press Democrat	6 00
Woodland Democrat	no ckt
Sales Tax	19 05
Total Footing of Bill $	1,704 20
Less 54.75 - 30 days $	54 75
Balance $	1,649 45

Entered into Ledger, page ..... or below.

Miscellaneous

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$	Nov 1, 1955	In full	$1,649.45	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to .....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Revised by W. W. Feineman, Long Beach, California

156

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Oct 3 19 55

Name of Deceased Fred Egbert Homel W

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Goldstein Rd - P O Box 817 ☐ Husband ☐ Wife ☐ Widow of Hattie B

Charge to Hattie B. Homel Boyes Springs

Address Jack Homel Son —

Order given by..... (or informant)

How Secured.....

If Veteran, Name of War No.

Occupation Ret. Fireman 555-16-4404 (Social Security Number)

Employer and Address Bank of America - S F

Date of Death Oct 3, 1955 — 7.9 — (Mo.) (Day) (Yr.) (Hour)

Date of Birth Sept 12, 1885 — Age 70 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev Richardson Sonoma (Address)

Religion of the Deceased Prot

Birthplace Chicago, Illinois

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death Home —

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician Vernon Silvershield (or Coroner)

His Address Santa Rosa, Calif

Name of Father Fred Orson Homel

His Birthplace.....

Maiden Name of Mother Susan Jeffery

Her Birthplace Canada

Date of Funeral Oct 5, Wed — 2 P. M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to.....

Size of Casket ~~Gray~~ Grey Arn —

Manufactured by S. F. Casket Co.

Cemetery / Crematory } Chapel of the Chimes S R (State Color and Number)

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Miscellaneous.....

.....

10-8-55 Statement

Complete Funeral (except outlays)	$ 325 —
Casket	
Burial Vault or Box (State Kind)	
Embalming Body (Name of Embalmer)	11 25 50
Barber, $..... Hair Dressing, $	3
Dressing Body, $..... Underwear, $	3 50
Suit or Dress (State Kind and Color)	3 50
Slippers, $..... Hose, $	
Folding Chairs, $..... Tarpaulin, $	
Candelabrum, $..... Candles, $	
Door Spray, $..... Gloves, $	
Funeral Car, $..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)	
Pall Bearer Service, $.... Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot	
Cremation	45 00
Flowers, $..... Palms, $..... Matting, $	
Rental of Tent, $.... of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $..... Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $..... Singers, $.... Organist, $	
Railroad / or Motor } Tickets, $..... Aero-plane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
Rev Richardson	10 —
..line Death Notices in..... Papers	
S F Examiner (Names of Newspapers)	4 62
Sales Tax	3 38
Total Footing of Bill	$ 788 00
Less 11.25 — 30 days	$ 11 25
Balance	$ 776 75
Entered into Ledger, page.....or below.	

Miscellaneous.....

.....

Date		Amount Paid	Balance	Date		Amount Paid	Balance
.....	To Above Balance	$.....	$.....		To Balance Forward	$.....	$.....
.....	" "	$.....	$.....	.....	By Payment	$.....	$.....
.....	" "	$.....	$.....	Oct 12 1955	In full	$ 776 75	$
.....	" "	$.....	$.....		" "	$.....	$.....
.....	" "	$.....	$.....		" "	$.....	$.....
.....	" "	$.....	$.....		" "	$.....	$.....

HOMEL—In Boyes Hot Springs, Calif., October 3, 1955, Fred Egbert Homel, dearly beloved husband of Mrs. Hattie B. Homel, beloved father of Jack Homel and Fred Orson Homel; a native of Chicago, aged 70 years.
Friends are invited to attend the funeral services Wednesday, October 5, at 2 p. m., at the Chapel of Bates & Evans, Sonoma, Calif. Inurnment, Chapel of the Chimes, Santa Rosa.

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Oct 7 1955

Name of Deceased Victor C. Rasmussen W.

☐ Married ☐ Single ☐ Widowed ☒ Divorced (What Race)

Residence 3.9.20. Barnes Rd. Santa Rosa ☐Husband ☐Wife ☐Widow } or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Florence Cardsen

Address 1808 Davis Dr. Burlingame

Order given by ..... (or informant)

How Secured .....

If Veteran, Name of War No.

Occupation Rancher X 557-69-4388 (Social Security Number)

Employer and Address .....

Date of Death Oct. 7. 1955 11 P. (Mo.) (Day) (Yr.) (Hour)

Date of Birth Feb. 20, 1897 Age 58 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Complete Funeral (except outlays)	$	473 —
Casket		236 50
Burial Vault or Box (State Kind)		44 95
Embalming Body (Name of Embalmer)		24 09 3
Barber, $ ..... Hair Dressing, $		72 285
Dressing Body, $ ..... Underwear, $		
Suit or Dress Shirt + Tie 4.45 - 74 13 (State Kind and Color)		4 58
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
nd District) No.		
Coroner's) pel, $		
	$	
ng, $		
ault, $		
ice, $		
nist, $		
vice, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service Rev. Buttrum		10 —
line Death Notices in ..... Papers		
Press Democrat (Names of Newspapers)		5 —
S.F. Examiner 1 day		5 46
Sales Tax		7 10
Total Footing of Bill	$	505 14
Less 236 50 30 days	$	23 65
Balance	$	481 49
Entered into Ledger, page ..... or below.		

Miscellaneous .....

10-11-55 Statement to Mrs Cardsen

11-1-55 Rent 2 receipts to Brackenbush & Keegan

Rasmussen

G. H. HOTZ

LADIES' READY-TO-WEAR

LINGERIE - HOSIERY - MILLINERY

EXCLUSIVE STYLES — MEN'S FURNISHINGS

PHONE 2462 Sonoma, Calif. Oct 7 1955

Sold To Bates + Evans

Address

Shirt 3.95

tie 1.50

4.45

tax 13

4.58

C

28

19 55 NO. 07346

Evans

52 DOLLARS 100

esure + glasses)

Florence Cardsen

LOS ANGELES FORM NO. 55

RASMUSSEN—In Sonoma, Calif., Oct. 7, 1955, Victor C. Rasmussen, beloved brother of Mrs. Christena Elpel, Mrs. Carolyn Winship, Mrs. Lilah Aldridge, Joseph Rasmussen and Mrs. Florence Cordsen; a native of Minnesota, aged 58 years.

Friends are respectfully invited to attend the funeral services Tuesday, October 11, at 10 a. m., at the Chapel of Bates & Evans, Sonoma, Calif. Interment, Cypress Lawn Cemetery, San Mateo County, Tuesday 1 p. m.

Date			Amount Paid		Balance		Date			Amount Paid		Balance	
					$				To Balance Forward			$	
			$		$				By Payment	$		$	
			$		$		Oct	29, 1955	Ins Fund	$ 481	49	$	
			$		$					$		$	
		" "	$		$				" "	$		$	
		" "	$		$				" "	$		$	

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Revised by W. W. Feineman, Long Beach, California

156

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Oct 3 19 55

Name of Deceased Fred Egbert Homel W

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Goldstein Rd - P O Box 817 ☐Husband ☐Wife ☐Widow of Hattie B

Charge to Hattie B. Homel Boyes Springs or..... of } Age of Husband or Wife (if living)..... Years

Address Jack Homel Son -

Order given by..... (or informant)

How Secured.....

If Veteran, Name of War No.

Occupation Ret. Fireman 555-16-4404 (Social Security Number)

Employer and Address Bank of America - S F

Date of Death Oct 3, 1955 - 7 P - (Mo.) (Day) (Yr.) (Hour)

Date of Birth Sept 12, 1885 - Age 70 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev Richardson Sonoma (Address)

Religion of the Deceased Prot

Birthplace Chicago, Illinois

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death Home -

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician Vernon Silvershield (or Coroner)

His Address Santa Rosa, Calif

Name of Father Fred Orson Homel

His Birthplace.....

Maiden Name of Mother Susan Jeffery

Her Birthplace Canada

Date of Funeral Oct 5, Wed - 2 P M. (Date) (Day of Week) (Hour)

Motor Ship } Remains to.....

Size of Casket ~~5560~~ Grey Arm - (Style Color and Number)

Manufactured by S. F. Casket Co.

Cemetery Crematory } Chapel of the Chimes S R

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Miscellaneous.....

.....

10-8-55 Statement

Complete Funeral (except outlays)	$ 325 -	
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		11 25 50
Barber, $ ..... Hair Dressing, $		3
Dressing Body, $ ..... Underwear, $		50
Suit or Dress (State Kind and Color)		3 50
Slippers, $ ..... Hose, $		3
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulan		
Limousines to Cemetery ..... @		
Extra Limousines ..... @		
Autos to R. R. Station ..... @		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit		
(State ___Certif. Copies of Death Cer (State Ph		
Pall Bearer Service, $ .... Us		
Gross Total for Sales Tax		
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $		
Rental of Tent, $ .... of Te		
Opening of Grave or Tom		
Lining Grave, $ ..... Low		
Outlay for Shipping Char		
Clergyman, $ ..... Singers		
Railroad or Motor } Tickets, $		
Telegr., Phone, Cable or		
Cash Advanced		
Out of town Funeral Di		
Personal Service		
Rev R		
line Death Notices		
S F E (Names of		
Sales Tax		
Total Footing of Bill		
Less 11.25 - 3		
Balance	$	

Entered into Ledger, page.....or below.

Miscellaneous.....

.....

HOTZ'S

SPECIALIZING IN—

LADIES' READY-TO-WEAR

LINGERIE

HOSIERY

MILLINERY

NOVELTIES

MEN'S FURNISHINGS

CLOTHING

SHIRTS

UNDERWEAR

HATS

TIES

If your Purchase is in any way Unsatisfactory Please Report the Same as all Errors will be Cheerfully Rectified.

MOORE BUSINESS FORMS, INC., PACIFIC DIV., EMERYVILLE, CALIF.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
		$	$		By Payment	$	$
		$	$	Oct 12 1955	Jo Full	$ 276 75	$
		$	$		" "	$	$
		$	$		" "	$	$
	" "	$	$		" "	$	$

HOMEL—In Boyes Hot Springs, Calif., October 3, 1955, Fred Egbert Homel, dearly beloved husband of Mrs. Hattie B. Homel, beloved father of Jack Homel and Fred Orson Homel; a native of Chicago, aged 70 years.
Friends are invited to attend the funeral services Wednesday, October 5, at 2 p. m., at the Chapel of Bates & Evans, Sonoma, Calif. Inurnment, Chapel of the Chimes, Santa Rosa.

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Oct 7 1955

Name of Deceased Victor C. Rasmussen W.

☐ Married ☐ Single ☐ Widowed ☒ Divorced (What Race)

Residence 3.9.20. Barnes Rd. Santa Rosa ☐Husband ☐Wife ☐Widow } or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Florence Cardsen

Address 1808 Davis Dr. Burlingame

Order given by J. (or informant)

How Secured

If Veteran, Name of War No.

Occupation Rancher X 557-09-4388 (Social Security Number)

Employer and Address

Date of Death Oct. 7 1955 11 P. (Mo.) (Day) (Yr.) (Hour)

Date of Birth Feb. 20 1897 Age 58 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev. Buttrum (Address)

Complete Funeral (except outlays)	$	473 —
Casket		236 50
Burial Vault or Box (State Kind)		44 5
Embalming Body (Name of Embalmer)		40 95
Barber, $ ..... Hair Dressing, $		24 3
Dressing Body, $ ..... Underwear, $		72 285
Suit or Dress Shirt + Tie 4.45 - 7.4 13 (State Kind and Color)		4 58
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		

nd District)
No.
Coroner's)
apel, $ .....
$ .....
ng, $ .....
ault, $ .....
ice, $ .....
nist, $ .....
vice, $ .....

GArfield 1-9000
LOCAL 2719

J. H. CORDSEN

OFFICE OF DIVISION PLANT ENGINEER
THE PACIFIC TELEPHONE AND TELEGRAPH COMPANY
74 OTIS STREET
SAN FRANCISCO

19 55 NO. 07346

52 DOLLARS
100

sure + glasses)

of Victor Rasmussen

HOW PAID | BALANCE DUE Florence Cardsen

$ 4 15 52

SUNSET-MCKEE CO. OAKLAND LOS ANGELES FORM NO. 55

(Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

Size of Casket #6576 H.P. Steele Gabardine (State Color and Number)

Manufactured by Sutter Casket Co.

Cemetery / Crematory } Cypress Lawn - San Mateo Co

Lot No.

Grave No.

Section No.

Block No.

Owner

Diagram of Lot or Vault

Miscellaneous

10-11-55 Statement to Mrs Cardsen

Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
Rev. Buttrum		10 —
...line Death Notices in ..... Papers		
Press Democrat (Names of Newspapers)		5 —
S.F. Examiner 1 day		5 46
Sales Tax		7 10
Total Footing of Bill	$	505 14
Less 23 65 30 days	$	23 65
Balance	$	481 49

Entered into Ledger, page ..... or below.

Miscellaneous

11-1-55 Sent 2 receipts to Hackenbush & Keegan -

Date			Amount Paid		Balance		Date			Amount Paid		Balance	
					$				To Balance Forward			$	
			$		$				By Payment	$		$	
			$		$		Oct	29, 1955	" Jud	$ 481	49	$	
			$		$				"	$		$	
		" "	$		$				" "	$		$	
		" "	$		$				" "	$		$	

RASMUSSEN—In Sonoma, Calif., Oct. 7, 1955, Victor C. Rasmussen, beloved brother of Mrs. Christena Elpel, Mrs. Carolyn Winship, Mrs. Lilah Aldridge, Joseph Rasmussen and Mrs. Florence Cordsen; a native of Minnesota, aged 58 years.
Friends are respectfully invited to attend the funeral services Tuesday, October 11, at 10 a. m., at the Chapel of Bates & Evans, Sonoma, Calif. Interment, Cypress Lawn Cemetery, San Mateo County, Tuesday 1 p. m.

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Revised by W. W. Feineman, Long Beach, California

156

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Oct 3 19 55

Name of Deceased Fred Egbert Homel W

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Goldstein Rd - P O Box 817 ☐ Husband ☐ Wife ☐ Widow of Hattie B

Charge to Hattie B. Homel Boyes Springs

Address Jack Homel Son —

Order given by..... (or informant)

How Secured.....

If Veteran, Name of War No.

Occupation Ret. Fireman 555-16-4404 (Social Security Number)

Employer and Address Bank of America - S F

Date of Death Oct. 3, 1955 — 7.9 — (Mo.) (Day) (Yr.) (Hour)

Date of Birth Sept 12, 1885 Age 70 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev Richardson Sonoma (Address)

Religion of the Deceased Prot

Birthplace Chicago, Illinois

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death Home —

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician Vernon Silversheild (or Coroner)

His Address Santa Rosa, Calif

Name of Father Fred Orson Homel

His Birthplace.....

Maiden Name of Mother Susan Jeffery

Her Birthplace Canada

Date of Funeral Oct 5, Wed — 2 P M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to.....

Size of Casket ~~5760~~ Grey Arn — (Style Color and Number)

Manufactured by S. F. Casket Co.

Cemetery / Crematory } Chapel of the Chimes S R

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Miscellaneous.....

.....

10-8-55 Statement

Complete Funeral (except outlays)	$ 225 —
Casket	
Burial Vault or Box (State Kind)	
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	11 25
Dressing Body, $ ..... Underwear, $	3 50
Suit or Dress (State Kind and Color)	9 50
Slippers, $ ..... Hose, $	3 75
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulan	
Limousines to Cemetery ..... @	
Extra Limousines ..... @	
Autos to R. R. Station ..... @	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit .... (State	
___Certif.C	
Pall Bearer	
Gross Tota	
Outlay for	
Cremation	
Flowers, $	
Rental of T	
Opening o	
Lining Gr	
Outlay for	
Clergyman, $ ..... Singers	
Railroad / or Motor } Tickets, $	
Telegr., Phone, Cable or	
Cash Advanced	
Out of town Funeral Di	
Personal Service. Rev R	
..... line Death Notice	
..... F. E (Names o	
.....	
.....	
Sales Tax	
Total Footing of Bil	
Less 11.25 —	
Balance ..... $	

Entered into Ledger, page.....or below.

Miscellaneous.....

.....

HOTZ'S

IN—

O-WEAR

ELTIES

MEN'S FURNISHINGS

CLOTHING

SHIRTS

UNDERWEAR

HATS

TIES

If your Purchase is in any way Unsatisfactory Please Report the Same as all Errors will be Cheerfully Rectified.

MOORE BUSINESS FORMS, INC., PACIFIC DIV., EMERYVILLE, CALIF.

HOMEL—In Boyes Hot Springs, Calif., October 3, 1955, Fred Egbert Homel, dearly beloved husband of Mrs. Hattie B. Homel, beloved father of Jack Homel and Fred Orson Homel; a native of Chicago, aged 70 years.
Friends are invited to attend the funeral services Wednesday, October 5, at 2 p. m., at the Chapel of Bates & Evans, Sonoma, Calif. Inurnment, Chapel of the Chimes, Santa Rosa.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
		$	$		By Payment	$	$
		$	$	Oct 12 1955	Jo Full	$ 276 75	$
		$	$		" "	$	$
		$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Oct 7 1955

Name of Deceased Victor C. Rasmussen W.

☐ Married ☐ Single ☐ Widowed ☒ Divorced (What Race)

Residence 3.9.20. Barnes Rd. Santa Rosa ☐Husband ☐Wife ☐Widow } or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Florence Cardsen

Address 1808 Davis Dr. Burlingame

Order given by J. (or informant)

How Secured

If Veteran, Name of War No.

Occupation Rancher X 557-09-4388 (Social Security Number)

Employer and Address

Date of Death Oct. 7. 1955 11 P. (Mo.) (Day) (Yr.) (Hour)

Date of Birth Feb. 20, 1897 Age 58 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev. Buttrum (Address)

Complete Funeral (except outlays)	$	473 —
Casket		236 50
Burial Vault or Box (State Kind)		44 5
Embalming Body (Name of Embalmer)		40 95
Barber, $ ..... Hair Dressing, $		24 3
Dressing Body, $ ..... Underwear, $		72285
Suit or Dress Shirt + Tie 4.45 - 7.13 (State Kind and Color)		4 58
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		

Oct 8 1955 NO. 07346

RECEIVED FROM Bates & Evans

Forty one and 52/100 DOLLARS

(watch, wallet, Tape measure & glasses)

effects of Victor Rasmussen

$ 41 52 HOW PAID BALANCE DUE Florence Cardsen

SUNSET-MCKEE CO. OAKLAND LOS ANGELES FORM NO. 55

(Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

Size of Casket #6576 H.P. Steele Gabardine (State Color and Number)

Manufactured by Sutter Casket Co.

Cemetery / Crematory } Cypress Lawn - San Mateo Co

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

10-11-55 Statement to Mrs Cardsen

11-1-55 Sent 2 receipts to Hackenbush & Keegan -

Nd District) No. (Coroner's)		
pel, $		
$		
ng, $		
ault, $		
ice, $		
nist, $		
vice, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
Rev. Buttrum		10 —
line Death Notices in Papers		
Press Democrat		5 —
S.F. Examiner 1 day (Names of Newspapers)		5 46
Sales Tax		7 10
Total Footing of Bill	$	505 14
Less 23 65 30 days	$	23 65
Balance	$	481 49

Entered into Ledger, page ..... or below.

Miscellaneous

Date			Amount Paid		Balance		Date			Amount Paid		Balance	
.....	....	ce.....	.....	.....	$.....	.....			To Balance Forward....	.....	.....	$.....	.....
.....	....	.....	$.....	.....	$.....	.....	.....	.....	By Payment.....	$.....	.....	$.....	.....
.....	....	.....	$.....	.....	$.....	.....	Oct	29, 1955	Jas Judd	$ 481	49	$.....	.....
.....	....	.....	$.....	.....	$.....	.....	.....	.....	.....	$.....	.....	$.....	.....
.....	....	" "	$.....	.....	$.....	.....	.....	.....	" "	$.....	.....	$.....	.....
.....	....	" "	$.....	.....	$.....	.....	.....	.....	" "	$.....	.....	$.....	.....

RASMUSSEN—In Sonoma, Calif., Oct. 7, 1955, Victor C. Rasmussen, beloved brother of Mrs. Christena Elpel, Mrs. Carolyn Winship, Mrs. Lilah Aldridge, Joseph Rasmussen and Mrs. Florence Cordsen; a native of Minnesota, aged 58 years.
Friends are respectfully invited to attend the funeral services Tuesday, October 11, at 10 a. m., at the Chapel of Bates & Evans, Sonoma, Calif. Interment, Cypress Lawn Cemetery, San Mateo County, Tuesday 1 p. m.

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

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Signed.....

Witness..... Address.....

Revised by W. W. Feineman, Long Beach, California

156

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Oct 3 19 55

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☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race) W

Residence Goldstein Rd - P O Box 817

☐ Husband ☐ Wife ☐ Widow } of Hattie B.

or..... of } Age of Husband or Wife (if living)..... Years

Charge to Hattie B. Homel Boyes Springs

Address Jack Homel Son -

Order given by..... (or informant)

How Secured.....

If Veteran, Name of War No

Occupation Ret. Fireman 555-16-4404 (Social Security Number)

Employer and Address Bank of America - S F

Date of Death Oct. 3, 1955 - 7 9 - (Mo.) (Day) (Yr.) (Hour)

Date of Birth Sept 12 1885 Age 70 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev Richardson Sonoma (Address)

Religion of the Deceased Prot

Birthplace Chicago, Illinois

Resided in the State..... (or U. S. or City or County) (Years) (Mont

Place of Death Home -

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician Vernon Silvernale (or Coroner)

His Address Santa Rosa, Calif

Name of Father Fred Orson Homel

His Birthplace.....

Maiden Name of Mother Susan Jeffery

Her Birthplace Canada

Date of Funeral Oct 5, Wed 2 P M. (Date) (Day of Week) (Hour)

Motor Ship } Remains to.....

Size of Casket ~~Extra~~ Grey Arn

(State Color and Number)

Manufactured by S. F. Casket Co.

Cemetery Crematory } Chapel of the Chimes S R

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Miscellaneous.....

.....

10-8-55 Statement

Complete Funeral (except outlays)	$ 225 -
Casket	
Burial Vault or Box (State Kind)	
Embalming Body (Name of Embalmer)	11 25 50
Barber, $..... Hair Dressing, $	3
Dressing Body, $..... Underwear, $	3 50
Suit or Dress (State Kind and Color)	3 50
Slippers, $..... Hose, $	
Folding Chairs, $..... Tarpaulin, $	
..... Candles, $	
Rental	
Opening	
Lining	
Outlay for Shipping	
Clergyman, $..... Singers	
Railroad or Motor } Tickets, $	
Telegr., Phone, Cable or	
Cash Advanced	
Out of town Funeral Di	
Personal Service	
Rev R	
line Death Notices	
S F E (Names of	
Sales Tax	
Total Footing of Bill	
Less 11 25 - 3 50	
Balance	$
Entered into Ledger, page .....or below.	

Miscellaneous.....

.....

NISHINGS
CLOTHING
SHIRTS
UNDERWEAR
HATS
TIES
If your Purchase is in any way Unsatisfactory Please Report the Same as all Errors will be Cheerfully Rectified.
MOORE BUSINESS FORMS, INC., PACIFIC DIV., EMERYVILLE, CALIF.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
		$	$		By Payment	$	$
		$	$	Oct 12 1955	Jo Full	$ 276 75	$
		$	$		" "	$	$
		$	$		" "	$	$
	" "	$	$		" "	$	$

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Residence 3.9.20. Barnes Rd. Santa Rosa ☐Husband ☐Wife ☐Widow } or ..... of } Age of Husband or Wife (if living) ..... Years

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Order given by J. (or informant)

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Employer and Address

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Date of Birth Feb. 20, 1897 Age 58 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev. Buttrum (Address)

...n of the Deceased Prot.

...ace Elmore, Minnesota

...d in the State (or U. S. or City or County) (Years) (Months)

...of Death Broadway St. At 4 Corners

...of Death

...ibutory Causes

...r. accident.

...ifying Physician Vernon Silvershield (or Coroner)

...Address Santa Rosa Calif.

...ne of Father Michael Rasmussen

... Birthplace Denmark

...aiden Name of Mother Caroline Johnson

...er Birthplace Wisconsin

...ate of Funeral Oct 11, Tue - 10 A.M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to

Size of Casket #6576 H.B. Steele Gabardine (State Color and Number)

Manufactured by Sutter Casket Co.

Cemetery / Crematory } Cypress Lawn - San Mateo Co

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

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11-1-55 Rent 2 receipts to Brackenbush & Keegan

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Casket	236 50
Burial Vault or Box (State Kind)	44 5
Embalming Body (Name of Embalmer)	40 9 3
Barber, $ ... Hair Dressing, $	24
Dressing Body, $ ... Underwear, $	72 85
Suit or Dress Shirt + Tie 4.45 - 74 13 (State Kind and Color)	4 58
Slippers, $ ... Hose, $	
Folding Chairs, $ ... Tarpaulin, $	
Candelabrum, $ ... Candles, $	
Door Spray, $ ... Gloves, $	
Funeral Car, $ ... Ambulance, $	
Limousines to Cemetery ... @ $	
Extra Limousines ... @ $	
Autos to R. R. Station ... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
___Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	
Pall Bearer Service, $ ... Use of Chapel, $	
Gross Total for Sales Tax $	
Outlay for Lot	
Cremation	
Flowers, $ ... Palms, $ ... Matting, $	
Rental of Tent, $ ... of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ ... Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $ ... Singers, $ ... Organist, $	
Railroad / Motor } Tickets, $ ... Aero-plane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
Rev. Buttrum	10 -
...line Death Notices in ... Papers	
Press Democrat	5 -
(Names of Newspapers)	
S.F. Examiner - 1 day	5 46
Sales Tax	7 10
Total Footing of Bill $	505 14
Less 23.65 - 30 days ! $	23 65
Balance $	481 49
Entered into Ledger, page ... or below.	
Miscellaneous	

Date		Amount Paid	Balance	Date		Amount Paid	Balance
		$	$		To Balance Forward	$	$
		$	$		By Payment	$	$
		$	$	Oct 29, 1955	" Insurance	$ 481 49	$
		$	$		"	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

RASMUSSEN—In Sonoma, Calif., Oct. 7, 1955, Victor C. Rasmussen, beloved brother of Mrs. Christena Elpel, Mrs. Carolyn Winship, Mrs. Lilah Aldridge, Joseph Rasmussen and Mrs. Florence Cordsen; a native of Minnesota, aged 58 years.
Friends are respectfully invited to attend the funeral services Tuesday, October 11, at 10 a. m., at the Chapel of Bates & Evans, Sonoma, Calif. Interment, Cypress Lawn Cemetery, San Mateo County, Tuesday 1 p. m.

Insurance $ ... Names of Lodges ... Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ... (Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from maturity at the rate of ... % per annum.

Signed ...

Witness ... Address ...

Revised by W. W. Feineman, Long Beach, California

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Oct. 9 19 55

Name of Deceased Walter O. Kilpatrick W

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence 151 Purrington Rd. Pet. ☐Husband ☐Wife ☐Widow } of ..... Age of Husband or Wife (if living) ..... Years

Charge to Donald Kilpatrick

Address Above

Order given by (or informant)

How Secured

If Veteran, Name of War No.

Occupation Bldg. Contractor 564-28-7853 (Social Security Number)

Employer and Address

Date of Death Oct. 9, 1955 (Mo.) (Day) (Yr.) (Hour)

Date of Birth April 25, 1879 Age 76 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev. Burgess Vallejo (Address)

Religion of the Deceased Prot.

Birthplace Memphis, Tennessee

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma Co. Hospital

Cause of Death Pulmonary Edema

Contributory Causes

Arteriosclerotic Ht. Disease

Certifying Physician

His Address Sonoma Co. Hospital (or Coroner)

Name of Father L. D. Kilpatrick

His Birthplace Tennessee

Maiden Name of Mother Sarah Briggs

Her Birthplace Miss.

Date of Funeral Oct. 12, Wed. 2 P. M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to

Size of Casket 1226 H.B. Steele Tabardine (State Color and Number)

Manufactured by Sutter Casket Co.

Cemetery / Crematory } Mt. Cemetery Sonoma

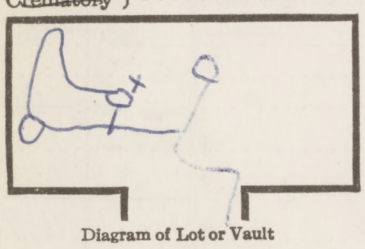

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

10-27-55 statement

Complete Funeral (except outlays) 473-Fun-Pre-arranged when Price was $		415 —
Casket		
Burial Vault or Box (State Kind)		15 —
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit ~~or Dress~~ ..... Underwear (State Kind and Color)	13 50 39	13 39
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		20 50
Candelabrum, $ ..... Candles, $		12
Door Spray, $ ..... Gloves, $		13
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		35 50 3
Extra Limousines ..... @ $		70 50
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
~~Delivering Box to~~ Flowers (Grandpa)		12 88
~~Deliver~~ Flowers ~~to~~ (Dad)		20 60
Removal Charges		
Procuring Burial Permit (State Number and District)		5 —
___Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax $		
Outlay for Lot Cement Vault		95 —
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		60 —
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service Rev. Burgess		10 00
Charles Hartman Singer		10 00
....line Death Notices in ..... Papers		
Local (Names of Newspapers)		5 15
Press Democrat		5 —
I C/C		1 —
Sales Tax		6 68
Total Footing of Bill ... Cement Vault $		674 70
Less No further charges. See above. $		
Balance $		
Entered into Ledger, page ..... or below.		
Miscellaneous		

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
Donald	Signed note for Balance	$	$	Jan. 17, 1956	" "	$ 400 —	$
Jan.	Receipt " in full for note	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. 2 Yearly No. 1 Date of Entry Oct 17 19 55

Name of Deceased Edward J. Gregory W.

☒ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence 2016 Broadway Sonoma ☐ Husband ☐ Wife ☐ Widow } Albina J.

or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Albina Gregory - Wife

Address Above -

Order given by ..... (or informant)

How Secured .....

If Veteran, Name of War No

Occupation Refinery man - 550-10-5720 (Social Security Number)

Employer and Address Union Oil Co.

Date of Death Oct 17 1955 - 12:50 - (Mo.) (Day) (Yr.) (Hour)

Date of Birth Nov 27, 1892 Age 62 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel -

Clergyman Mrs. H. P. Witt Sonoma (Address)

Religion of the Deceased Science -

Birthplace Cal -

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death Home -

Cause of Death Carcinoma of Liver,

Contributory Causes Lungs etc -

Certifying Physician Vernon Silvershield, (or Coroner)

His Address Santa Rosa, Cal -

Name of Father John J. Gregory

His Birthplace Portugal

Maiden Name of Mother .....

Her Birthplace Cal

Date of Funeral Oct 19 (Date) Wed (Day of Week) 2 P. M. (Hour)

Motor Ship } Remains to .....

Size of Casket 1526 - H. P. Steele Gab - (State Color and Number)

Manufactured by Sutter Casket Co. -

Cemetery ~~Crematory~~ } Mt. Cemetery Sonoma

Section A
Row - 1
Grave #18

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

10-26-55 took Statement

Complete Funeral (except outlays)	$ 458	-
Casket		
Burial Vault or Box	15	-
(State Kind)		
Embalming Body		
(Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		2 29
Dressing Body, $ ..... Underwear, $		1 75
Suit or Dress		4 4
(State Kind and Color)		4 3
Slippers, $ ..... Hose, $		3 2
Folding Chairs, $ ..... Tarpaulin, $		3
Candelabrum, $ ..... Candles, $		2
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit		
(State Number and District)		
___ Certif. Copies of Death Certificates No. ___		
(State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot one grave	100	-
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb	60	-
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service Mrs H. P. Witt Reader	10	-
Music - Oberle - Dunbar	10	-
....line Death Notices in ..... Papers		
(Names of Newspapers)		
Sales Tax	7	32
Total Footing of Bill	$ 660	32
Less 23.65 - 30 days 5%	$	
Balance	$ 636	67
Entered into Ledger, page ..... or below.	23	65
Miscellaneous	636	67

Date		Amount Paid	Balance
	To Above Balance		$
	By Payment	$	$
	" "	$	$
	" "	$	$
	" "	$	$
	" "	$	$

Date		Amount Paid	Balance
	To Balance Forward		$
	By Payment	$	$
Nov 15, 1955	" full	$ 636 67	$
	"	$	$
	"	$	$
	"	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Revised by W. W. Feineman, Long Beach, California

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Oct 20, 1955

Name of Deceased Kate C. Carriger W.

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence Carriger Rd. El Verano ☐Husband ☐Wife ☐Widow } or..... of } Age of Husband or Wife (if living)..... Years

Charge to Thomas Sperry

Address 1883 - 16th Ave S.F. Tel - Overland 1-4601

Order given by Malone & Sullivan Attorneys (or informant)

How Secured 220 - Bush St. S.F.

If Veteran, Name of War No.

Occupation at home no. (Social Security Number)

Employer and Address .....

Date of Death Oct 20, 1955 (Mo.) (Day) (Yr.) 10 (Hour)

Date of Birth ~~Feb~~ 11 1866 Age 88 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at St. Frances Solano Cem. -

Clergyman..... (Address)

Religion of the Deceased Catholic

Birthplace Sonoma, Calif

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death Auburn, Calif - De Witt State Hospital

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician..... (or Coroner)

His Address.....

Name of Father John O'Brien,

His Birthplace Ireland

Maiden Name of Mother Mary Elizabeth Scott

Her Birthplace Ireland

Date of Funeral Oct 22, 1955 (Date) Sat. (Day of Week) 9 A.M. (Hour)

Motor Ship } Remains to.....

Size of Casket 1556 ½ Ch. Steele Baker Line (State Color and Number)

Manufactured by Butler Casket Co.

Cemetery Crematory } St. Francis Solano Cem.

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Miscellaneous.....

.....

10-26-55 - Filed with - Malone Sullivan S.F.

Complete Funeral (except outlays)	$	508 -
Casket		
Burial Vault or Box (State Kind)		15 -
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, ~~$1.~~ 08		
Dressing Body, $..... Underwear, ~~$2.75~~		2 83
~~Suit or~~ Dress 17.00 - 2451¢ (State Kind and Color)		17 51
Slippers, $..... Hose, $.....		
Folding Chairs, $..... Tarpaulin, $.....		
Candelabrum, $..... Candles, $.....		25 4.75
Door Spray, $..... Gloves, $.....		19.75
Funeral Car, $..... Ambulance, $.....		23 3.75
Limousines to Cemetery ..... @ $.....		2 2.25
Extra Limousines ..... @ $.....		
Autos to R. R. Station ..... @ $.....		2 2.25
Getting Remains from Auburn		25 -
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $..... Use of Chapel, $.....		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $..... Palms, $..... Matting, $.....		
Rental of Tent, $..... of Temporary Vault, $.....		
Opening of Grave or Tomb		25 -
Lining Grave, $..... Lowering Device, $.....		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $..... Organist, $.....		
Railroad or Motor } Tickets, $..... Aeroplane Service, $.....		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service ..... Paid by family		~~50~~ -
.....line Death Notices in ..... Papers (Names of Newspapers)		
Sales Tax		8 22
Total Footing of Bill	$	601 56
Less 26.15 - 30 days	$	
Balance	$	
Entered into Ledger, page ..... or below.		

Miscellaneous.....

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$		By Payment	$	$
	" "	$	$	Jan 8 56	" "	$ 601 56	$ -
	" "	$	$		" "	$	$
	" "	$	$		" " Receipt sent 1-4-56	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Oct. 20, 19 55

Name of Deceased Albert Richards (What Race) W

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 1670 Mission Way Agua Caliente ☐Husband ☐Wife ☐Widow of ..... Mildred

Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Mildred Richards

Address or Mrs. Virgil Cassino, daughter

Order given by ..... (or informant)

How Secured .....

If Veteran, Name of War No

Occupation Cabinet Maker 558-10-8184 (Social Security Number)

Employer and Address .....

Date of Death Oct. 20, 1955 9:10 P. (Mo.) (Day) (Yr.) (Hour)

Date of Birth May 2, 1898 Age 57 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev. Richardson, Panama (Address)

Religion of the Deceased Prot.

Birthplace Fort Bragg, Calif.

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician Michael M. Mikita M.D. (or Coroner)

His Address Bayes Hot Springs, Cal.

Name of Father Joaquin Richards

His Birthplace Portugal

Maiden Name of Mother Mary Viator

Her Birthplace Boston, Mass.

Date of Funeral Oct. 22 Sat. 2 P. M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

Size of Casket #1526 H.P. Steele Gabardine (State Color and Number)

Manufactured by Sutter Casket Co.

Cemetery / Crematory } Mt. Cemetery

Section - A
Row - I
Grave - #19
Reserved #20

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

Mrs. Cassino look statement

Will Pay monthly on balance

Complete Funeral (except outlays)	$ 458	—
Casket		
Burial Vault or Box (State Kind)	15	—
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $ 2.50		
Dressing Body, $ ..... Underwear, $ 2.00		
Suit ~~or Dress~~ 17.50 24.53 2.03 (State Kind and Color)	2	32
Slippers, $ ..... Hose, $	18	03
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		22 7
Funeral Car, $ ..... Ambulance, $		15
Limousines to Cemetery ..... @ $		19 75
Extra Limousines ..... @ $		63 75
Autos to R. R. Station ..... @ $		26 3
Getting Remains from		
Taking Remains to		7 9 1 25
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot ..... one grave reserved	1.00	—
Cremation	100	—
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb	60	00
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
..... Rev. Richardson	10	—
....line Death Notices in ..... Papers		
..... (Names of Newspapers)		
.....		
.....		
Sales Tax	7	32
Total Footing of Bill	$ 770	67
Less 23.65 — 30 days	$	
Balance	$	
Entered into Ledger, page ..... or below.		

Miscellaneous .....

.....

Date			Amount Paid		Balance
Jan 31,	1955	30 days			35.67
		To Above Balance	$		$
Feb 5	1955	By Payment 30	$		$ 35 67
March 25,	1955	" 3567	$		$ →
		" "	$		$
		" "	$		$
		" "	$		$

Date		Amount Paid	Balance
	To Balance Forward	$	$
Oct. 25,	1955 By Payment	$ 300 —	$ 470 67
Nov. 30,	1955 "	$ 40	$ 430 67
Dec 29,	1955 "	$ 40 —	$ 390 67
Feb 2,	1956 "	$ 40	$ 350 67
Feb 28,	1956 "	$ 95 —	$ 255 67
April 6,	1956 Insurance Companies	20 —	235 67
May 30		20	215 67
June 3		20	195 67
Aug 6		40	155 67
Sept 6		20	135 67
Oct 5		20	115 67
Nov 2		20	95 67
Dec 31		20	75 67

Insurance $ ..... Names of Lodges .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Oct. 25 19 55

Name of Deceased Nelle Jane Bryson W

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence 320 Jonola Ave Napa ☐Husband ☐Wife ☐Widow } Dock H

or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to Mrs. Vern Mc Glenathan

Address P.O. Bx. 45 Eldridge, Cal -

Order given by ..... (or informant)

How Secured .....

If Veteran, Name of War no

Occupation at home no. (Social Security Number)

Employer and Address .....

Date of Death Oct. 25, 1955 3:45 P. (Mo.) (Day) (Yr.) (Hour)

Date of Birth Aug. 30, 1889 Age 66 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev. Irving A. Fox Napa (Address)

Religion of the Deceased Prot

Birthplace Illinois

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death Victory Hospital - Napa

Cause of Death Carcinoma of Sigmoid

Contributory Causes .....

.....

Certifying Physician Harry Ehrlich md. (or Coroner)

His Address: Napa, Cal -

Name of Father L. A. Mc Dowell

His Birthplace Kentucky

Maiden Name of Mother Clara Williams

Her Birthplace Illinois

Date of Funeral Oct 27 - Thurs - 2 P. M. (Date) (Day of Week) (Hour)

Motor Ship } Remains to .....

Size of Casket 195 - Grey Brocade (State Color and Number)

Manufactured by Golden State Casket Co.

Cemetery Crematory } Mt. Cemetery Sonoma

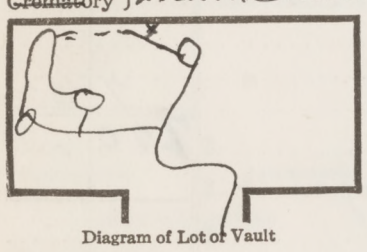

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Miscellaneous.....

.....

11-8-55 Statement

Complete Funeral (except outlays) ..... $	410	-
Casket		
Burial Vault or Box ..... (State Kind)	135	-
Embalming Body ..... (Name of Embalmer)		
Barber, $..... Hair Dressing, $.....		2 05
Dressing Body, $..... Underwear, $.....		1 50
Suit or Dress ..... (State Kind and Color)		2 20 3
Slippers, $..... Hose, $.....		
Folding Chairs, $..... Tarpaulin, $.....		6 60
Candelabrum, $..... Candles, $.....		
Door Spray, $..... Gloves, $.....		
Funeral Car, $..... Ambulance, $.....		
Limousines to Cemetery ..... @ $.....		
Extra Limousines ..... @ $.....		
Autos to R. R. Station ..... @ $.....		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit	5	-
___Certif. Copies of Death Certificates No.___ (State Number and District) (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $.....		
Gross Total for Sales Tax ..... $		
Outlay for Lot		
Cremation		
Flowers, $..... Palms, $..... Matting, $.....		
Rental of Tent, $.... of Temporary Vault, $....		
Opening of Grave or Tomb	60	-
Lining Grave, $..... Lowering Device, $.....		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $.....		
Railroad or Motor } Tickets, $..... Aero-plane Service, $.....		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service Rev. Fox - Napa	10	-
....Music - Brinstead - Richardson	10	-
....line Death Notices in ..... Papers		
..... (Names of Newspapers)		
....Indep. Tribune Paper	2	50
....Napa Register	3	00
Sales Tax	6	60
Total Footing of Bill ..... $	522	10
Less 21.25 - 30 days ..... $	21	25
Balance ..... $	500	85
Entered into Ledger, page ..... or below.		

Miscellaneous.....

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$	Nov 10/55	"	$ 500 85	$
	" "	$	$		"	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Oct. 26 19 55

Name of Deceased Richard Frederick Blanton Jr. W.
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence Sonoma State Hospital ☐Husband ☐Wife ☐Widow } ..... Years
or ..... of } Age of Husband or Wife (if living)

Charge to Mrs. Richard Blanton

Address 218 - Wildwood Drive, S. San Francisco Phone Juno 3-1891

Order given by husband: Richard F. Blanton

How Secured Chief Radio man (or Informant) USS Coatila / San Diego, Calif. Nereus

If Veteran, Name of War No.

Occupation None None (Social Security Number)

Employer and Address None

Date of Death Oct. 26, 1955 12:30 P. (Mo.) (Day) (Yr.) (Hour)

Date of Birth Sept. 22, 1945 Age 10 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Sonoma

Clergyman Priest S.F. (Address)

Religion of the Deceased Catholic

Birthplace Calif.

Resided in the State Life (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma State Hospital

Cause of Death Investigation Pending

Contributory Causes.....

.....

Certifying Physician Vernon Silvershield (or Coroner)

His Address Santa Rosa, Calif.

Name of Father Richard F. Blanton

His Birthplace North Carolina

Maiden Name of Mother Margaret Sullivan

Her Birthplace Calif.

Date of Funeral Oct. 28 - Fri. - 11:15 A.M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

Size of Casket 5/9 - A 85 - White Lamb (State Color and Number)

Manufactured by Gellgen State Casket Co.

Cemetery / Crematory } Golden Gate National - San Mateo Co.

Diagram of Lot or Vault

Lot No.....
Grave No.....
Section No.....
Block No.....
Owner.....

Miscellaneous.....

.....

10-28-55 Statement given father

Complete Funeral (except outlays)	$ 160	-
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		80
Dressing Body, $ ..... Underwear, $		3
Suit or Dress (State Kind and Color)		2 40
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
.... line Death Notices in ..... Papers (Names of Newspapers)		
Sales Tax		2 40
Total Footing of Bill	$ 162	40
Less	$	
Balance	$	
Entered into Ledger, page ..... or below.		

Miscellaneous.....

Date		Amount Paid		Balance		Date		Amount Paid		Balance	
	To Above Balance			$			To Balance Forward			$	
	By Payment	$		$			By Payment	$		$	
	" "	$		$			" "	$		$	
	" "	$		$			" "	$		$	
	" "	$		$			" "	$		$	
	" "	$		$			" "	$		$	

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to .....
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within .....days from date. Interest to accrue from maturity at the rate of .....% per annum.

Signed.....

Witness..... Address.....

Revised by W. W. Feineman, Long Beach, California

164

RECORD OF FUNERAL

Total No. 4 Yearly No. ..... Date of Entry Oct 27 19 55

Name of Deceased Charlyne Cecelia Jurgewitz W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 230 Frances St. Sonoma ☐ Husband ☐ Wife ☐ Widow } Walter

or ..... of } Age of Husband or Wife (if living) ..... Years

Charge to: Walter Jurgewitz Husband

Address above

Order given by ..... (or informant)

How Secured .....

If Veteran, Name of War No

Occupation Housewife (Social Security Number)

Employer and Address .....

Date of Death Oct 27, 1955 7:55 P.M. (Mo.) (Day) (Yr.) (Hour)

Date of Birth Feb 19 1905 Age 50 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev Buttrum, (Address)

Religion of the Deceased .....

Birthplace .....

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma Co. Hospital Oakmont

Cause of Death Cerebral Anoxia

Contributory Causes Cardiac arrest at Surgery - Pulmonary T.B. F.A. Active

Certifying Physician Alfred A. Thurlow M.D. (or Coroner)

His Address 576 - B St. Santa Rosa

Name of Father Franklin Marion Page

His Birthplace Ohio

Maiden Name of Mother Kathryn Agatha Sullivan

Her Birthplace Colorado

Date of Funeral 10/31/55 (Date) Monday (Day of Week) 10 A.M. (Hour)

Motor Ship } Remains to .....

Size of Casket Metalic Cloth ½ Ck. (State Color and Number)

Manufactured by S.F. Casket Co.

~~Cemetery~~ Crematory } Chapel of Chimes S. Rosa

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

.....

.....

Complete Funeral (except outlays)	$ 623	00
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		31.50
Barber, $ ..... Hair Dressing, $		3
Dressing Body, $ ..... Underwear, $		
Suit or Dress (State Kind and Color)		23.45
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation ..... T. permit	45	50
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service Rev. Buttrum	10	—
Organ - Grunstead	5	—
....line Death Notices in ..... Papers		
Local (Names of Newspapers)	5	15
6 c/c	6	—
	9	35
Sales Tax		
Total Footing of Bill	$ 704	00
Less 31.15 - 30 days	$ 31	15
Balance	$ 672	85
Entered into Ledger, page ..... or below.		

Miscellaneous .....

.....

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$		By Payment	$	$
	" "	$	$	Nov 2, 55	In full	672 85	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness ..... Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No. ..... Yearly No. ..... Date of Entry Oct 29 19 55 -

Name of Deceased Carl G. Evert W.

☒ Married ☐ Single ☐ Widowed ☒ Divorced (What Race)

Residence 830 East Napa St. Sonoma ☐Husband ☐Wife ☐Widow of Florence

Charge to Mrs. Florence B. Evert Age of Husband or Wife (if living) ..... Years

Address Above

Order given by Howard Dickenson Jr. Attorney at Law (or informant)

How Secured 1003 - 2nd St. - Napa, Cal

If Veteran, Name of War No

Occupation Ret. Engineer No. (Social Security Number)

Employer and Address Boats

Date of Death Oct. 29, 1955 (Mo.) (Day) (Yr.) (Hour)

Date of Birth April 3, 1879 Age 76 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Temple Lodge #147 F&AM Sonoma (Address)

Religion of the Deceased Prot.

Birthplace Sweden

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death Memorial Hospital -

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician ..... Buttons (or Coroner)

His Address Santa Rosa, Calif.

Name of Father Unknown

His Birthplace .....

Maiden Name of Mother Unknown

Her Birthplace .....

Date of Funeral Oct. 31 Monday 2:30 P.M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

Size of Casket Maryland # (State Color and Number)

Manufactured by Golden State Casket Co.

~~Cemetery~~ / Crematory } Chapel of the Chimes

Diagram of Lot or Vault

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Miscellaneous .....

.....

Filed with Napa Attorney

Complete Funeral (except outlays) ..... $	279	-
Casket		
Burial Vault or Box ..... (State Kind)		
Embalming Body ..... (Name of Embalmer)		18 50
Barber, $ ..... Hair Dressing, $		3
Dressing Body, $ ..... Underwear, $		
Suit or Dress ..... (State Kind and Color)		5.6.8.50
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit ..... (State Number and District)		
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax ..... $		
Outlay for Lot		
Cremation ..... 4 permit -	45	50
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / or Motor } Tickets, $ ..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
.....		
....line Death Notices in ..... Papers		
..... Local Notice	5	15
...Napa - News Item no chg		-
.....		
Sales Tax	5	69
Total Footing of Bill ..... $	435	34
Less 18.95 - 30 days ..... $		
Balance ..... $		
Entered into Ledger, page ..... or below.		

Miscellaneous .....

.....

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		$		To Balance Forward		$
	By Payment	$	$		By Payment	$	$
	" "	$	$	Jan 3 56	" "	$ 435 34	$ - 0
	" "	$	$		" " Funeral		$
	" "	$	$	Feb 8, 1956	Burial permit & vaccinat'n fees	$ 10 -	$ 10 -
	" "	$	$				$

Insurance $ ..... Names of Lodges ..... Insurance Companies ..... paid in full

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Oct 29, 1955

Name of Deceased Harold Holmes Waterhouse W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence: 419 Mall Ct. Santa Rosa

☐ Husband ☐ Wife ☐ Widow } or ..... of } Grace Mills Waterhouse (What Race)

Age of Husband or Wife (if living)..... Years

Charge to Mrs. Grace Waterhouse

Address Above

Order given by..... (or informant)

How Secured:

If Veteran, Name of War No:

Occupation Ret. Business Mgr. No: (Social Security Number)

Employer and Address Sonoma State Hospital

Date of Death Oct. 29, 1955 - 9:15-P (Mo.) (Day) (Yr.) (Hour)

Date of Birth Sept. 25, 1884 Age 71 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Rev. Richardson Sonoma (Address)

Religion of the Deceased Prot.

Birthplace Minneapolis, Minnesota

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma District Hospital

Cause of Death

Contributory Causes

Certifying Physician Wayne Craven M.D. (or Coroner)

His Address Sonoma, Calif.

Name of Father John F. Waterhouse

His Birthplace Maine

Maiden Name of Mother Flora Ellison

Her Birthplace:

Date of Funeral Nov 1 - Tue - 10 A.M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to

Size of Casket $97. - Taupe (State Color and Number)

Manufactured by Golden Gate Casket Co.

Cemetery / Crematory } Santa Rosa Memorial Park

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Miscellaneous

Complete Funeral (except outlays)	$	560 -
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		2.80
Dressing Body, $ ..... Underwear, $		2.80 3/4
Suit or Dress (State Kind and Color)		
Slippers, $ ..... Hose, $		8.40
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot: Urn - 62.00 - 4.2.48		64.48
Cremation		45 -
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb for ashes		5.00
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service Rev. Richardson		10 -
Music - Dunbar - Beam		10 -
.... line Death Notices in ..... Papers		
Press Democrat (Names of Newspapers)		5.00
Local		5.15
Sales Tax		8.40
Total Footing of Bill	$	648.55
Less 28.00 - 30 days 2%	$	2
Balance	$	650 55
Entered into Ledger, page ..... or below.	$	-
Ken Denaraf		645.55
Miscellaneous		

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$		By Payment	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Nov 6 19 33

Name of Deceased Ida Ann Dunbar W.

☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence Broadway St Sonoma ☐Husband ☐Wife ☐Widow or ..... of } .....

Charge to Mrs Sadie Wilson Daughter Age of Husband or Wife (if living) ..... Years

Address Above

Order given by ..... (or informant)

How Secured .....

If Veteran, Name of War No

Occupation At Home No (Social Security Number)

Employer and Address .....

Date of Death Nov 6 (Mo.) Sunday (Day) 1933 (Yr.) 8:45 A (Hour)

Date of Birth April 2 1862 (Mo.) (Day) (Yr.) Age 71 (Yrs.) (Mos.) (Days)

Services at First Baptist Church

Clergyman Rev Richardson Sonoma (Address)

Religion of the Deceased Prot

Birthplace Sonoma Cal

Resided in the State Life (or U. S. or City or County) (Years) (Months)

Place of Death Ed Evans Rest Home

Cause of Death Broncho-pneumonia

Contributory Causes Cardiovascular Collapse

2 weeks after Surgical treatment fractured hip - Accidental fall -

Certifying Physician Wayne M. Craven MD (or Coroner)

His Address Sonoma

Name of Father Samuel Agnew

His Birthplace Illinois

Maiden Name of Mother Emma Champlain

Her Birthplace .....

Date of Funeral Nov 8 (Date) Tue (Day of Week) 2 P. M. (Hour)

Motor / Ship } Remains to .....

Size of Casket 155 - Grey Brocade 1/2 cl (State Color and Number)

Manufactured by Golden State Casket Co.

Cemetery / Crematory } Mt Cemetery Sonoma

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Diagram of Lot or Vault

Miscellaneous.....

.....

11-22-33 statement

Complete Funeral (except outlays)	$	410 -
Casket		
Burial Vault or Box (State Kind)		15 -
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		2 05
Suit or Dress (State Kind and Color)		15
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		2 20
Candelabrum, $ ..... Candles, $		3
Door Spray, $ ..... Gloves, $		6 60
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		5 -
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb		60 -
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad / Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service Rev Richardson		10 -
Organ - Singers Sunday		5 00
..... line Death Notices in ..... Papers		
(Names of Newspapers)		
Sales Tax		6 60
Total Footing of Bill	$	51 1 60
Less 21.25	$	21 25
Balance	$	49 0 35

Entered into Ledger, page ..... or below.

Miscellaneous.....

.....

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	$	$		To Balance Forward	$	$
	By Payment	$	$	Nov 25	By Payment in full	$ 49 35	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$
	" "	$	$		" "	$	$

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Revised by W. W. Feineman, Long Beach, California

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RECORD OF FUNERAL

Total No. ..... Yearly No. ..... Date of Entry Nov. 13 19 55

Name of Deceased Chace J. Lippi W.

☐ Married ☐ Single ☑ Widowed ☐ Divorced (What Race)

Residence 200 Mt. Ave. Fetters Hot Springs ☐ Husband ☐ Wife ☐ Widow or ..... of Rose

Age of Husband or Wife (if living) ..... Years

Charge to: Wife

Address 200 Mt. Ave. Sonoma (mailing address)

Send Bill to

Order given by Walter Lippi (or informant)

How Secured 1101 - 26th St. Oakland 7 Cal.

If Veteran, Name of War No.

Occupation Ret. Carpenter 547-18-7822 (Social Security Number)

Employer and Address .....

Date of Death Nov 13, 1955 8:15 P. (Mo.) (Day) (Yr.) (Hour)

Date of Birth Jan. 12, 1879 Age 76 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Chapel

Clergyman Sonoma Valley Grange (Address)

Religion of the Deceased Prot.

Birthplace San Francisco, Cal.

Resided in the State ..... (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death .....

Contributory Causes .....

.....

Certifying Physician C. K. McGrath M.D. (or Coroner)

His Address Sonoma

Name of Father Pio Lippi

His Birthplace Italy

Maiden Name of Mother Angela Kasta

Her Birthplace: Italy

Date of Funeral. Nov. 16 Wed 2 P. M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to .....

Size of Casket 190 - Cou. 87 - (State Color and Number)

Manufactured by S. F. Casket Co.

Cemetery / Crematory } Mt. Cemetery Sonoma

Lot No. .....

Grave No. .....

Section No. .....

Block No. .....

Owner .....

Diagram of Lot or Vault

Miscellaneous .....

11-21-55 Statement to Walter -

Complete Funeral (except outlays)	$ 570 -
Casket	
Burial Vault or Box (State Kind)	15 -
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	285
Dressing Body, $ ..... Underwear, $	15
Suit or Dress (State Kind and Color)	30 03
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	9 1
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
___ Certif. Copies of Death Certificates No. ___ (State Physician's or Coroner's)	
Pall Bearer Service, $ .... Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot: 2 graves -	200 00
Cremation	
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ .... of Temporary Vault, $	
Opening of Grave or Tomb	60 00
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $ ..... Singers, $ .... Organist, $	
Railroad / Motor } Tickets, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service Rev. Richardson	10 -
Music - Dunbar - June Bean	10 -
....line Death Notices in ..... Papers	
..... Local -	5 15
(Names of Newspapers)	
..... S. F. Examiner	9 66
Sales Tax	9 00
Total Footing of Bill	$ 888 81
Less 29.25 - 4% -	$ 29 25
Balance	$ 859 56
Entered into Ledger, page ..... or below.	

Miscellaneous .....

LIPPI—In Fetters Hot Springs, Calif., November 13, 1955, Chace J. Lippi, dearly beloved husband of Mrs. Rose Lippi of Fetters Hot Springs, beloved father of Walter C. Lippi of Oakland and Mrs. Adolph Vogel of San Francisco, adored grandfather of Robert and Linda Vogel, loving brother of Joseph and Alex Lippi of Los Angeles; a native of San Francisco, aged 76 years. A member of Court San Francisco No. 10, Independent Order of Foresters, Past Master of Sonoma Valley Grange No. 407, and Past President of Sonoma Valley Improvement Club.
Friends are invited to attend the funeral services Wednesday, November 16, at 2 p. m., at the Chapel of Bates & Evans, Sonoma, Calif., under the auspices of Sonoma Valley Grange No. 407. Interment, Mountain Cemetery, Sonoma.

	Amount Paid		Balance		Date		Amount Paid		Balance	
nce			$			To Balance Forward			$	
	$		$			By Payment	$		$	
	$		$		Nov 24, 1955	"full	$ 859	56	$	
	$		$			"	$		$	
	$		$			"	$		$	
	$		$			"	$		$	

Insurance $ ..... Names of Lodges ..... Insurance Companies .....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ..... days from date. Interest to accrue from maturity at the rate of ..... % per annum.

Signed .....

Witness .....

Address .....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No.............. Yearly No.............. Date of Entry Nov 18 19 55

Name of Deceased George J Caviglia W.
☐ Married ☐ Single ☐ Widowed ☒ Divorced (What Race)

Residence Boyes Blvd - B S ☐Husband ☐Wife ☐Widow or ... of ... Age of Husband or Wife (if living) ... Years

Charge to Mrs Celestine Cittoni (daughter)

Address 944 Merced Ave Santa Rosa

Order given by .... (or informant)

How Secured ....

If Veteran, Name of War ....

Occupation Farmer (Social Security Number)

Employer and Address ....

Date of Death Nov. 18, 1955 5:45 P (Mo.) (Day) (Yr.) (Hour)

Date of Birth Oct 9, 1890 Age 65 (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at Graveside

Clergyman Father Roberts (Address)

Religion of the Deceased Catholic ?? Divorced

Birthplace Genoa, Italy -

Resided in the State .... (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma Valley Lodge -

Cause of Death Cerebro Vascular Accident

Contributory Causes ....

Certifying Physician Wayne Craven M.D. - (or Coroner)

His Address Sonoma, Caly.

Name of Father Joseph Caviglia

His Birthplace Italy -

Maiden Name of Mother Marie Guisti

Her Birthplace Italy -

Date of Funeral Nov. 21 - Mon - .... M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to ....

Size of Casket 190 9 - Cov 87 (State Color and Number)

Manufactured by S.F. Casket Co -

Cemetery / ~~Crematory~~ } Mt Cemetery Sonoma

Lot No. ....
Grave No. ....
Section No. ....
Block No. ....
Owner ....

Diagram of Lot or Vault

Miscellaneous ....

Item	Amount	
Complete Funeral (except outlays) $	570	-
Casket		
Burial Vault or Box (State Kind)	15	-
Embalming Body (Name of Embalmer)		
Barber, $ ..... Hair Dressing, $		
Dressing Body, $ ..... Underwear, $		
Suit ~~or Dress~~ 16.50 24.50 - (State Kind and Color)	17	00
Slippers, $ ..... Hose, $		
Folding Chairs, $ ..... Tarpaulin, $		
Candelabrum, $ ..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___ Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, $ .... Use of Chapel, $		
Gross Total for Sales Tax $		
Outlay for Lot one Grave	100	-
Cremation		
Flowers, $ ..... Palms, $ ..... Matting, $		
Rental of Tent, $ .... of Temporary Vault, $		
Opening of Grave or Tomb	60	-
Lining Grave, $ ..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $ ..... Singers, $ .... Organist, $		
Railroad or Motor } Tickets, $ ..... Aeroplane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
Father Roberts -	15	00
.... line Death Notices in .... Papers		
~~Press Democrat~~ (Names of Newspapers)	5	-
~~N.S.F. Examiner~~		
~~Local notice~~	5	15
Sales Tax	9	00
Total Footing of Bill $	796	15
Less $		
Balance $		
Entered into Ledger, page ...... or below.		

285
15
16 50
37 65 3
949 50

Miscellaneous ....

Date			Amount Paid		Balance	Date		Amount Paid		Balance
6/29/56		To Above Balance	796	15	$ — 0		To Balance Forward			$
		By Payment	$		$		By Payment	$		$
		" "	$		$		" "	$		$
		" "	$		$ In Full		" "	$		$
		" "	$		$		" "	$		$
		" "	$		$		" "	$		$

Insurance $ .... Names of Lodges .... Insurance Companies ....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to .... (Firm Name of Funeral Directors.) for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within .... days from date. Interest to accrue from maturity at the rate of .... % per annum.

Signed ....

Witness .... Address ....

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry.....19....

Name of Deceased.....

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence..... ☐Husband ☐Wife ☐Widow } .....

or..... of } Age of Husband or Wife (if living)..... Years

Charge to.....

Address.....

Order given by..... (or informant)

How Secured.....

If Veteran, Name of War.....

Occupation..... (Social Security Number)

Employer and Address.....

Date of Death..... (Mo.) (Day) (Yr.) (Hour)

Date of Birth.....Age..... (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at.....

Clergyman..... (Address)

Religion of the Deceased.....

Birthplace.....

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death.....

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician..... (or Coroner)

His Address:.....

Name of Father.....

His Birthplace.....

Maiden Name of Mother.....

Her Birthplace.....

Date of Funeral..... M. (Date) (Day of Week) (Hour)

Motor Ship } Remains to.....

Size of Casket..... (State Color and Number)

Manufactured by.....

Cemetery Crematory } .....

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Miscellaneous.....

.....

.....

Complete Funeral (except outlays).....$		
Casket.....	.....	.....
Burial Vault or Box ..... (State Kind)	.....	.....
Embalming Body ..... (Name of Embalmer)	.....	.....
Barber, $.....Hair Dressing, $.....	.....	.....
Dressing Body, $.....Underwear, $.....	.....	.....
Suit or Dress..... (State Kind and Color)	.....	.....
Slippers, $.....Hose, $.....	.....	.....
Folding Chairs, $.....Tarpaulin, $.....	.....	.....
Candelabrum, $.....Candles, $.....	.....	.....
Door Spray, $.....Gloves, $.....	.....	.....
Funeral Car, $.....Ambulance, $.....	.....	.....
Limousines to Cemetery.....@ $.....	.....	.....
Extra Limousines .....@ $.....	.....	.....
Autos to R. R. Station.....@ $.....	.....	.....
Getting Remains from.....	.....	.....
Taking Remains to.....	.....	.....
Trip to Coroner's Inquest	.....	.....
Delivering Box to.....	.....	.....
Deliver Flowers to.....	.....	.....
Removal Charges.....	.....	.....
Procuring Burial Permit..... (State Number and District)	.....	.....
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)	.....	.....
Pall Bearer Service, $.... Use of Chapel, $.....		
Gross Total for Sales Tax.....$	.....	.....
Outlay for Lot.....	.....	.....
Cremation.....	.....	.....
Flowers, $.....Palms, $.....Matting, $.....	.....	.....
Rental of Tent, $....of Temporary Vault, $....	.....	.....
Opening of Grave or Tomb.....	.....	.....
Lining Grave, $.....Lowering Device, $.....	.....	.....
Outlay for Shipping Charges.....	.....	.....
Clergyman, $.....Singers, $....Organist, $.....	.....	.....
Railroad or Motor } Tickets, $..... Aero-plane Service, $.....	.....	.....
Telegr., Phone, Cable or Radio Charges.....	.....	.....
Cash Advanced.....	.....	.....
Out of town Funeral Director's Charges.....	.....	.....
Personal Service.....	.....	.....
.....	.....	.....
....line Death Notices in.....Papers ..... (Names of Newspapers)	.....	.....
.....	.....	.....
.....	.....	.....
Sales Tax	.....	.....
Total Footing of Bill.....$	.....	.....
Less.....$		
Balance.....$	.....	.....
Entered into Ledger, page.....or below.		

Miscellaneous.....

.....

Date		Amount Paid		Balance		Date		Amount Paid		Balance	
.....	....	To Above Balance.....	.....	.....	$.....	.....			To Balance Forward....	.....	.....	$.....	.....
.....	....	By Payment.....	$.....	.....	$.....	.....	.....	....	By Payment.....	$.....	.....	$.....	.....
.....	....	" "	$.....	.....	$.....	.....	.....	....	" "	$.....	.....	$.....	.....
.....	....	" "	$.....	.....	$.....	.....	.....	....	" "	$.....	.....	$.....	.....
.....	....	" "	$.....	.....	$.....	.....	.....	....	" "	$.....	.....	$.....	.....
.....	....	" "	$.....	.....	$.....	.....	.....	....	" "	$.....	.....	$.....	.....

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry.....19....

Name of Deceased.....
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence..... ☐Husband ☐Wife ☐Widow } .....
or..... of } Age of Husband or Wife (if living)..... Years

Charge to.....

Address.....

Order given by..... (or informant)

How Secured.....

If Veteran, Name of War.....

Occupation..... (Social Security Number)

Employer and Address .....

Date of Death..... (Mo.) (Day) (Yr.) (Hour)

Date of Birth..... Age ..... (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at.....

Clergyman..... (Address)

Religion of the Deceased.....

Birthplace .....

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death.....

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician..... (or Coroner)

His Address.....

Name of Father.....

His Birthplace.....

Maiden Name of Mother.....

Her Birthplace.....

Date of Funeral..... M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to.....

Size of Casket..... (State Color and Number)

Manufactured by.....

Cemetery / Crematory } .....

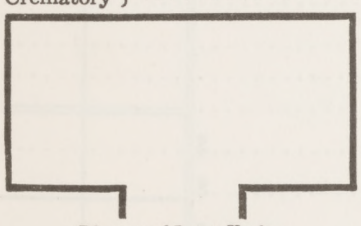

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Miscellaneous.....

.....

.....

Complete Funeral (except outlays)	$
Casket	
Burial Vault or Box (State Kind)	
Embalming Body (Name of Embalmer)	
Barber, $ ..... Hair Dressing, $	
Dressing Body, $ ..... Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $ ..... Hose, $	
Folding Chairs, $ ..... Tarpaulin, $	
Candelabrum, $ ..... Candles, $	
Door Spray, $ ..... Gloves, $	
Funeral Car, $ ..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)	
Pall Bearer Service, $ .... Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot	
Cremation	
Flowers, $ ..... Palms, $ ..... Matting, $	
Rental of Tent, $ .... of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $ ..... Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $ ..... Singers, $ .... Organist, $	
Railroad / Motor } Tickets, $ ..... Aeroplane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
.....	
....line Death Notices in ..... Papers	
..... (Names of Newspapers)	
.....	
.....	
Sales Tax	
Total Footing of Bill	$
Less	$
Balance	$
Entered into Ledger, page ..... or below.	

Miscellaneous.....

.....

Date		Amount Paid		Balance		Date		Amount Paid		Balance	
.....	....	To Above Balance.....	.....	$.....	.....			To Balance Forward....	.....	$.....	.....
.....	....	By Payment.....	$.....	$.....	.....	.....	....	By Payment.....	$.....	$.....	.....
.....	....	" "	$.....	$.....	.....	.....	....	" "	$.....	$.....	.....
.....	....	" "	$.....	$.....	.....	.....	....	" "	$.....	$.....	.....
.....	....	" "	$.....	$.....	.....	.....	....	" "	$.....	$.....	.....
.....	....	" "	$.....	$.....	.....	.....	....	" "	$.....	$.....	.....

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry.....19....

Name of Deceased.....

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence..... ☐Husband ☐Wife ☐Widow } .....

or..... of } Age of Husband or Wife (if living)..... Years

Charge to.....

Address.....

Order given by..... (or informant)

How Secured.....

If Veteran, Name of War.....

Occupation..... (Social Security Number)

Employer and Address .....

Date of Death..... (Mo.) (Day) (Yr.) (Hour)

Date of Birth.....Age ..... (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at.....

Clergyman..... (Address)

Religion of the Deceased.....

Birthplace .....

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death.....

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician..... (or Coroner)

His Address:.....

Name of Father.....

His Birthplace.....

Maiden Name of Mother.....

Her Birthplace.....

Date of Funeral.....M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to.....

Size of Casket..... (State Color and Number)

Manufactured by.....

Cemetery / Crematory } .....

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Miscellaneous.....

.....

.....

Complete Funeral (except outlays).....$		
Casket.....	.....	.....
Burial Vault or Box ..... (State Kind)	.....	.....
Embalming Body ..... (Name of Embalmer)	.....	.....
Barber, $.....Hair Dressing, $.....	.....	.....
Dressing Body, $.....Underwear, $.....	.....	.....
Suit or Dress..... (State Kind and Color)	.....	.....
Slippers, $.....Hose, $.....	.....	.....
Folding Chairs, $.....Tarpaulin, $.....	.....	.....
Candelabrum, $.....Candles, $.....	.....	.....
Door Spray, $ .....Gloves, $.....	.....	.....
Funeral Car, $.....Ambulance, $.....	.....	.....
Limousines to Cemetery.....@ $.....	.....	.....
Extra Limousines .....@ $.....	.....	.....
Autos to R. R. Station.....@ $.....	.....	.....
Getting Remains from.....	.....	.....
Taking Remains to.....	.....	.....
Trip to Coroner's Inquest	.....	.....
Delivering Box to.....	.....	.....
Deliver Flowers to.....	.....	.....
Removal Charges.....	.....	.....
Procuring Burial Permit..... (State Number and District)	.....	.....
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)	.....	.....
Pall Bearer Service, $.... Use of Chapel, $.....		
Gross Total for Sales Tax.....$	.....	.....
Outlay for Lot.....	.....	.....
Cremation.....	.....	.....
Flowers, $.....Palms, $.....Matting, $.....	.....	.....
Rental of Tent, $....of Temporary Vault, $....	.....	.....
Opening of Grave or Tomb.....	.....	.....
Lining Grave, $.....Lowering Device, $	.....	.....
Outlay for Shipping Charges.....	.....	.....
Clergyman, $.....Singers, $....Organist, $.....	.....	.....
Railroad / or Motor } Tickets, $..... Aero-plane Service, $.....	.....	.....
Telegr., Phone, Cable or Radio Charges.....	.....	.....
Cash Advanced.....	.....	.....
Out of town Funeral Director's Charges.....	.....	.....
Personal Service.....	.....	.....
.....	.....	.....
....line Death Notices in.....Papers	.....	.....
..... (Names of Newspapers)	.....	.....
.....	.....	.....
.....	.....	.....
Sales Tax		
Total Footing of Bill.....$	.....	.....
Less.....$		
Balance.....$	.....	.....
Entered into Ledger, page.....or below.		

Miscellaneous.....

.....

Date		Amount Paid		Balance		Date		Amount Paid		Balance	
.....	....	To Above Balance.....	.....	.....	$.....	.....			To Balance Forward....	.....	.....	$.....	.....
.....	....	By Payment.....	$.....	.....	$.....	.....	.....	....	By Payment.....	$.....	.....	$.....	.....
.....	....	" "	$.....	.....	$.....	.....	.....	....	" "	$.....	.....	$.....	.....
.....	....	" "	$.....	.....	$.....	.....	.....	....	" "	$.....	.....	$.....	.....
.....	....	" "	$.....	.....	$.....	.....	.....	....	" "	$.....	.....	$.....	.....
.....	....	" "	$.....	.....	$.....	.....	.....	....	" "	$.....	.....	$.....	.....

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Revised by W. W. Feineman, Long Beach, California

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry.....19....

Name of Deceased.....

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence..... ☐Husband ☐Wife ☐Widow or.....of } Age of Husband or Wife (if living).....Years

Charge to.....

Address.....

Order given by..... (or informant)

How Secured.....

If Veteran, Name of War.....

Occupation..... (Social Security Number)

Employer and Address.....

Date of Death..... (Mo.) (Day) (Yr.) (Hour)

Date of Birth..... (Mo.) (Day) (Yr.) Age..... (Yrs.) (Mos.) (Days)

Services at.....

Clergyman..... (Address)

Religion of the Deceased.....

Birthplace.....

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death.....

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician..... (or Coroner)

His Address.....

Name of Father.....

His Birthplace.....

Maiden Name of Mother.....

Her Birthplace.....

Date of Funeral..... M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to.....

Size of Casket..... (State Color and Number)

Manufactured by.....

Cemetery / Crematory } .....

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Miscellaneous.....

.....

.....

Complete Funeral (except outlays)	$
Casket	
Burial Vault or Box (State Kind)	
Embalming Body (Name of Embalmer)	
Barber, $..... Hair Dressing, $	
Dressing Body, $..... Underwear, $	
Suit or Dress (State Kind and Color)	
Slippers, $..... Hose, $	
Folding Chairs, $..... Tarpaulin, $	
Candelabrum, $..... Candles, $	
Door Spray, $..... Gloves, $	
Funeral Car, $..... Ambulance, $	
Limousines to Cemetery ..... @ $	
Extra Limousines ..... @ $	
Autos to R. R. Station ..... @ $	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)	
Pall Bearer Service, $.... Use of Chapel, $	
Gross Total for Sales Tax	$
Outlay for Lot	
Cremation	
Flowers, $..... Palms, $..... Matting, $	
Rental of Tent, $.... of Temporary Vault, $	
Opening of Grave or Tomb	
Lining Grave, $..... Lowering Device, $	
Outlay for Shipping Charges	
Clergyman, $..... Singers, $.... Organist, $	
Railroad / or Motor } Tickets, $..... Aero-plane Service, $	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Funeral Director's Charges	
Personal Service	
.....	
....line Death Notices in..... Papers	
..... (Names of Newspapers)	
.....	
.....	
Sales Tax	
Total Footing of Bill	$
Less	$
Balance	$
Entered into Ledger, page.....or below.	
Miscellaneous	
.....	

Date			Amount Paid		Balance		Date			Amount Paid		Balance	
.....	....	To Above Balance	.....	.....	$.....	.....			To Balance Forward	.....	.....	$.....	.....
.....	....	By Payment	$.....	.....	$.....	.....	.....	....	By Payment	$.....	.....	$.....	.....
.....	....	" "	$.....	.....	$.....	.....	.....	....	" "	$.....	.....	$.....	.....
.....	....	" "	$.....	.....	$.....	.....	.....	....	" "	$.....	.....	$.....	.....
.....	....	" "	$.....	.....	$.....	.....	.....	....	" "	$.....	.....	$.....	.....
.....	....	" "	$.....	.....	$.....	.....	.....	....	" "	$.....	.....	$.....	.....

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Revised by W. W. Feineman, Long Beach, California

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RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry.....19....

Name of Deceased.....

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence..... ☐Husband ☐Wife ☐Widow } .....

or..... of } Age of Husband or Wife (if living)..... Years

Charge to.....

Address.....

Order given by..... (or informant)

How Secured.....

If Veteran, Name of War.....

Occupation..... (Social Security Number)

Employer and Address.....

Date of Death..... (Mo.) (Day) (Yr.) (Hour)

Date of Birth.....Age..... (Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at.....

Clergyman..... (Address)

Religion of the Deceased.....

Birthplace.....

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death.....

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician..... (or Coroner)

His Address.....

Name of Father.....

His Birthplace.....

Maiden Name of Mother.....

Her Birthplace.....

Date of Funeral.....M. (Date) (Day of Week) (Hour)

Motor / Ship } Remains to.....

Size of Casket..... (State Color and Number)

Manufactured by.....

Cemetery / Crematory } .....

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Diagram of Lot or Vault

Miscellaneous.....

.....

.....

Complete Funeral (except outlays).....$			
Casket.....			
Burial Vault or Box ..... (State Kind)			
Embalming Body ..... (Name of Embalmer)			
Barber, $.....Hair Dressing, $.....			
Dressing Body, $.....Underwear, $.....			
Suit or Dress..... (State Kind and Color)			
Slippers, $.....Hose, $.....			
Folding Chairs, $.....Tarpaulin, $.....			
Candelabrum, $.....Candles, $.....			
Door Spray, $.....Gloves, $.....			
Funeral Car, $.....Ambulance, $.....			
Limousines to Cemetery.....@ $.....			
Extra Limousines .....@ $.....			
Autos to R. R. Station.....@ $.....			
Getting Remains from.....			
Taking Remains to.....			
Trip to Coroner's Inquest			
Delivering Box to.....			
Deliver Flowers to.....			
Removal Charges.....			
Procuring Burial Permit..... (State Number and District)			
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)			
Pall Bearer Service, $.... Use of Chapel, $.....			
Gross Total for Sales Tax.....$			
Outlay for Lot.....			
Cremation.....			
Flowers, $.....Palms, $.....Matting, $.....			
Rental of Tent, $....of Temporary Vault, $			
Opening of Grave or Tomb.....			
Lining Grave, $.....Lowering Device, $			
Outlay for Shipping Charges.....			
Clergyman, $.....Singers, $....Organist, $.....			
Railroad / or Motor } Tickets, $..... Aero-plane Service, $.....			
Telegr., Phone, Cable or Radio Charges.....			
Cash Advanced.....			
Out of town Funeral Director's Charges.....			
Personal Service.....			
.....			
....line Death Notices in.....Papers			
..... (Names of Newspapers)			
.....			
.....			
Sales Tax			
Total Footing of Bill.....$			
Less.....$			
Balance.....$			
Entered into Ledger, page.....or below.			

Miscellaneous.....

.....

Date		Amount Paid	Balance	Date		Amount Paid	Balance
.....	To Above Balance.....	.....	$.....		To Balance Forward....	.....	$.....
.....	By Payment.....	$.....	$.....	.....	By Payment.....	$.....	$.....
.....	" "	$.....	$.....	.....	" "	$.....	$.....
.....	" "	$.....	$.....	.....	" "	$.....	$.....
.....	" "	$.....	$.....	.....	" "	$.....	$.....
.....	" "	$.....	$.....	.....	" "	$.....	$.....

Insurance $.....Names of Lodges.....Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Revised by W. W. Peineman, Long Beach, California

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry.....19....

Name of Deceased.....
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence..... ☐Husband ☐Wife ☐Widow } .....
or..... of } Age of Husband or Wife (if living)..... Years

Charge to.....

Address.....

Order given by..... (or informant)

How Secured.....

If Veteran, Name of War.....

Occupation..... (Social Security Number)

Employer and Address .....

Date of Death..... (Mo.) (Day) (Yr.) (Hour)

Date of Birth..... (Mo.) (Day) (Yr.) Age ..... (Yrs.) (Mos.) (Days)

Services at.....

Clergyman..... (Address)

Religion of the Deceased.....

Birthplace .....

Resided in the State..... (or U. S. or City or County) (Years) (Months)

Place of Death.....

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician..... (or Coroner)

His Address.....

Name of Father.....

His Birthplace.....

Maiden Name of Mother.....

Her Birthplace.....

Date of Funeral..... M.
(Date) (Day of Week) (Hour)

Motor / Ship } Remains to.....

Size of Casket..... (State Color and Number)

Manufactured by.....

Cemetery / Crematory } .....

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Miscellaneous.....

.....

.....

Complete Funeral (except outlays)	$	
Casket		
Burial Vault or Box (State Kind)		
Embalming Body (Name of Embalmer)		
Barber, $..... Hair Dressing, $		
Dressing Body, $..... Underwear, $		
Suit or Dress (State Kind and Color)		
Slippers, $..... Hose, $		
Folding Chairs, $..... Tarpaulin, $		
Candelabrum, $..... Candles, $		
Door Spray, $ ..... Gloves, $		
Funeral Car, $ ..... Ambulance, $		
Limousines to Cemetery ..... @ $		
Extra Limousines ..... @ $		
Autos to R. R. Station ..... @ $		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)		
Pall Bearer Service, $.... Use of Chapel, $		
Gross Total for Sales Tax	$	
Outlay for Lot		
Cremation		
Flowers, $..... Palms, $ ..... Matting, $		
Rental of Tent, $.... of Temporary Vault, $		
Opening of Grave or Tomb		
Lining Grave, $..... Lowering Device, $		
Outlay for Shipping Charges		
Clergyman, $..... Singers, $.... Organist, $		
Railroad / or Motor } Tickets, $..... Aero-plane Service, $		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Funeral Director's Charges		
Personal Service		
.....		
....line Death Notices in..... Papers (Names of Newspapers)		
.....		
.....		
Sales Tax		
Total Footing of Bill	$	
Less	$	
Balance	$	
Entered into Ledger, page.....or below.		

Miscellaneous.....

.....

Date		Amount Paid		Balance		Date		Amount Paid		Balance	
.....	....	To Above Balance.....	.....	$.....	.....			To Balance Forward....	.....	$.....	.....
.....	....	By Payment.....	$.....	$.....	.....	.....	....	By Payment.....	$.....	$.....	.....
.....	....	" "	$.....	$.....	.....	.....	....	" "	$.....	$.....	.....
.....	....	" "	$.....	$.....	.....	.....	....	" "	$.....	$.....	.....
.....	....	" "	$.....	$.....	.....	.....	....	" "	$.....	$.....	.....
.....	....	" "	$.....	$.....	.....	.....	....	" "	$.....	$.....	.....

Insurance $..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Revised by W. W. Feineman, Long Beach, California

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SKIPPED

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SKIPPED

300

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry.....19....

Name of Deceased.....
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence..... ☐Husband ☐Wife ☐Widow or.....of } .....
Age of Husband or Wife (if living).....Years

Charge to.....

Address.....

Order given by.....
(or informant)

How Secured.....

If Veteran, Name of War.....

Occupation.....
(Social Security Number)

Employer and Address.....

Date of Death.....
(Mo.) (Day) (Yr.) (Hour)

Date of Birth.....Age.....
(Mo.) (Day) (Yr.) (Yrs.) (Mos.) (Days)

Services at.....

Clergyman.....
(Address)

Religion of the Deceased.....

Birthplace.....

Resided in the State.....
(or U. S. or City or County) (Years) (Months)

Place of Death.....

Cause of Death.....

Contributory Causes.....

.....

Certifying Physician.....
(or Coroner)

His Address.....

Name of Father.....

His Birthplace.....

Maiden Name of Mother.....

Her Birthplace.....

Date of Funeral.....M.
(Date) (Day of Week) (Hour)

Motor / Ship } Remains to.....

Size of Casket.....
(State Color and Number)

Manufactured by.....

Cemetery / Crematory } .....

Lot No.....
Grave No.....
Section No.....
Block No.....
Owner.....

Diagram of Lot or Vault

Miscellaneous.....

.....

.....

Complete Funeral (except outlays).....$		
Casket.....	.....	.....
Burial Vault or Box ..... (State Kind)	.....	.....
Embalming Body ..... (Name of Embalmer)	.....	.....
Barber, $.....Hair Dressing, $.....	.....	.....
Dressing Body, $.....Underwear, $.....	.....	.....
Suit or Dress..... (State Kind and Color)	.....	.....
Slippers, $.....Hose, $.....	.....	.....
Folding Chairs, $.....Tarpaulin, $.....	.....	.....
Candelabrum, $.....Candles, $.....	.....	.....
Door Spray, $.....Gloves, $.....	.....	.....
Funeral Car, $.....Ambulance, $.....	.....	.....
Limousines to Cemetery.....@ $.....	.....	.....
Extra Limousines .....@ $.....	.....	.....
Autos to R. R. Station.....@ $.....	.....	.....
Getting Remains from.....	.....	.....
Taking Remains to.....	.....	.....
Trip to Coroner's Inquest	.....	.....
Delivering Box to.....	.....	.....
Deliver Flowers to.....	.....	.....
Removal Charges.....	.....	.....
Procuring Burial Permit..... (State Number and District)	.....	.....
___Certif. Copies of Death Certificates No.___ (State Physician's or Coroner's)	.....	.....
Pall Bearer Service, $.... Use of Chapel, $.....		
Gross Total for Sales Tax.....$	.....	.....
Outlay for Lot.....	.....	.....
Cremation.....	.....	.....
Flowers, $.....Palms, $.....Matting, $.....	.....	.....
Rental of Tent, $....of Temporary Vault, $....	.....	.....
Opening of Grave or Tomb.....	.....	.....
Lining Grave, $.....Lowering Device, $	.....	.....
Outlay for Shipping Charges.....	.....	.....
Clergyman, $.....Singers, $....Organist, $.....	.....	.....
Railroad / or Motor } Tickets, $..... Aero-plane Service, $.....	.....	.....
Telegr., Phone, Cable or Radio Charges.....	.....	.....
Cash Advanced.....	.....	.....
Out of town Funeral Director's Charges.....	.....	.....
Personal Service.....	.....	.....
.....	.....	.....
....line Death Notices in.....Papers	.....	.....
..... (Names of Newspapers)	.....	.....
.....	.....	.....
.....	.....	.....
Sales Tax		
Total Footing of Bill.....$	.....	.....
Less.....$		
Balance.....$	.....	.....
Entered into Ledger, page.....or below.		

Miscellaneous.....

.....

Date		Amount Paid	Balance	Date		Amount Paid	Balance
.....	To Above Balance.....	.....	$.....		To Balance Forward....	.....	$.....
.....	By Payment.....	$.....	$.....	.....	By Payment.....	$.....	$.....
.....	" "	$.....	$.....	.....	" "	$.....	$.....
.....	" "	$.....	$.....	.....	" "	$.....	$.....
.....	" "	$.....	$.....	.....	" "	$.....	$.....
.....	" "	$.....	$.....	.....	" "	$.....	$.....

Insurance $.....Names of Lodges.....Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness.....

Address.....

Revised by W. W. Feineman, Long Beach, California

25
28
31
35
51

Burial Permits Jan 1, 1954 to June 30 - Inc.
Aug 16, 1954 Pd.

2020.4.15

April 6 1954 NO. 07337

RECEIVED FROM Bales & Evans

One Smith & Wesson Revolver ~~DOLLARS~~

C 1651 (8) last numeral shows faintly

Signed Minor daughter

HOW PAID | BALANCE DUE

$ Mother Willie O. Sotile

SUNSET-MCKEE CO. OAKLAND LOS ANGELES FORM NO. 55

April 6 1954 NO. 07336

RECEIVED FROM Bates & Evans

One Smith & Wesson Revolver ~~DOLLARS~~

C1651(8) last numeral shows faintly

Signed Minor daughter

$ HOW PAID Mother BALANCE DUE Willis O. Sotile

SUNSET-MCKEE CO. OAKLAND LOS ANGELES FORM NO. 55

(NO. 01738

April 6 1954 NO. 07335

RECEIVED FROM Bales & Evans

one revolver Smith & Wesson DOLLARS

C 1651 ⑧ last mark shows faintly

Signed Minor Daughter

$ | HOW PAID Mother | BALANCE DUE | Millie O. Sotile

SUNSET-MCKEE CO. OAKLAND LOS ANGELES FORM NO. 55

NO. 07325

RECEIVED FROM

DOLLARS

April 28 19 54 NO. 07342

RECEIVED FROM Bates & Evans.

One U.S Army Discharge Paper. ~~DOLLARS~~

Willis O. Sotik

$ _____ HOW PAID | BALANCE DUE _____

SUNSET-MCKEE CO. OAKLAND LOS ANGELES FORM NO. 55

No. 07342

RECEIVED FROM

DOLLARS

Dr Alfred A. Den
1801 - K St. Wash. 6, D.C.
Office National 8-2540
Res. Oliver 2-6833

Ship To
Haider Mortuary
1312 Anacapa St.
Santa Barbara.
Phone 7828

Leave Crockett 3:30 P.M.
Arrive next day 12:20 P.M.
Be at Crockett at least
by 3: P.M.

Alfonso Len 50 yrs.

Mon 9 A.M.

St. Francis

Father Geary

Funeral	258.—
Mass	15.—
Tel to S. Barbara	2.50
Fare " "	28.74
	304.24

S. Barbara.

Grave.	125.—
Opening	35.—
Priest	7.50

Haider Funeral Home including vault 165.

3 x	3
	335.50
+	304.24
	639 74

STATEMENT

Mission Chapel

Mortuary

BOX 491X
5TH AND NAPA STREETS, WEST
SONOMA, CALIFORNIA

PHONE: SONOMA 3357

MARCH 4 1954

BATES & EVANS
BROADWAY
SONOMA CALIF

RE ARTHUR F. NEWLON

Date	Charges	Credits	Balance
	PREPERATION OF REMAINS		$ 60.00

Pd- 3-8-54

Thank You

OP # 1

Date March 2, 1954

Name ORSBORN, Clyde G.
SN 1 155 288

File No. _____
(C, XC, K, N, etc.)

This acknowledges receipt of your claim for benefits recently received in this office.

This matter will receive all necessary attention and action.

Signed Marlin A. Kelly

Title Chief, Administrative Division
Marlin A. Kelly

FL 30
Jan. 1948
Replaces Form FL 3-30, Aug. 1946, which may be used.

16—62379-1 GPO

Veterans Administration
Regional Office
Denver Federal Center, Denver, Colorado

RETURN AFTER FIVE DAYS

OFFICIAL BUSINESS

16—62379-1

DENVER
MAR 2
2 PM
1954
COLO.

PENALTY FOR PRIVATE USE TO AVOID
PAYMENT OF POSTAGE, $300
(GPO)

Bates & Evans Funeral Directors
691 Broadway
Sonoma, California

Bates & Evans

Funeral Directors

SONOMA, CALIFORNIA

Mr. _____

_____

Funeral of Clyde G. Orsborn *Deceased*

PHONE SONOMA 2686 Feb. 11,1954 195

Complete funeral including the following;

Casket

Removal

Embalming

Conducting funeral & personal services

Minister

Music

Funeral notices

Hearse to G.G. Cemetery

Limousine to Cemetery &

Sales tax $895.02

Feb. 11,1954,

I hereby state that the above statement is correct, that said services, and Merchandise were ordered by me, and that same has been rendered, and no payment has been made at this date.

Signed.....Wife
Mrs. Emma V. Orsborn

VETERANS ADMINISTRATION
DISTRICT OFFICE
P. O. BOX 8079
PHILADELPHIA 1, PENNSYLVANIA

YOUR FILE REFERENCE:

March 16, 1954

IN REPLY REFER TO:
2003-8AF
XC 15 872 573
ORSBORN, Clyde G.

Bates & Evans Funeral Directors
691 Broadway
Sonoma, California

Gentlemen:

An award, covering the item designated below by an "X" mark, has been approved and a check covering this amount will be mailed to you.

[x] 1. An allowance of $ 150.00
covering funeral and burial expenses of the veteran.

IMPORTANT - WHEN THE PAYEE IS AN UNDERTAKER OR OTHER CREDITOR
If your account for this veteran has been paid in full, or reduced through the receipt of payment from any source to an amount less than that shown above, the check in payment of this allowance should not be retained or negotiated, but must be returned to the issuing office of the Division of Disbursement, Treasury Department, shown on the envelope in which the check is mailed, together with a letter stating the reason for its return.

[ ] 2. An accrued amount
due as reimbursement of the expenses of the last sickness and burial of

All correspondence relative to this case must show the veteran's name and XC-number given above.

Very truly yours,

Paul E. Hussey

PAUL E. HUSSEY
Director, Claims Service

FL 8-143
Aug 1953
Supersedes FL 8-17 and FL 8-21, which will be used.

An inquiry by or concerning an ex-service man or woman should, if possible, give veteran's name and file number, whether C, XC, K, N, V, H, RH, RS, or loan number. If such number is unknown, service or serial number should be given.

VA-DC-168804

February 11, 1954

FROM: **GOLDEN GATE NATIONAL CEMETERY:** San Bruno, California

TO: Mrs. Emma V. Orsborn
435 Patton St.
Sonoma, California

1. In compliance with your request, the following listed gravesite adjoining the one in which the remains of your late spouse are interred has been reserved for your future interment:

Grave 1373, Section U

2. This gravesite is subject to renewal every two years. As prescribed under current policy, the Office of the Quartermaster General, Washington 25, D. C., will automatically solicit your desires in the matter of renewal of your reservation by sending you a letter of inquiry at a time near the end of the two year period.

3. In order that a current record of your desires relative to your gravesite reservation may be maintained, it is requested that you keep this office informed of any changes which may occur in your permanent mailing address; and also notify this office should you remarry, as the right to burial in a National Cemetery is forfeited by a remarried widow.

4. It is requested that you acknowledge receipt of this letter by detaching, signing, and returning to this office the following convenient form for your reply.

A. J. NETTKE
Superintendent

#26204

FROM: Mrs. Emma V. Orsborn

TO: SUPERINTENDENT, GOLDEN GATE NATIONAL CEMETERY, SAN BRUNO, CALIFORNIA

REFERENCE: Grave No. 1373 Section U

Receipt of reservation letter is acknowledged.

Name .....

Address .....

City .....

DEPARTMENT OF THE ARMY

GOLDEN GATE NATIONAL CEMETERY
SAN BRUNO, CALIFORNIA

OFFICIAL BUSINESS

PENALTY FOR PRIVATE USE TO AVOID
PAYMENT OF POSTAGE, $300
(PMGC)

Mrs. Emma V. Orsborn
435 Patton St.
Sonoma, Calif.

Max Webber Tuller

Burial z asked to Below for

Public Administrator, Howard Moore, Colusa Co.

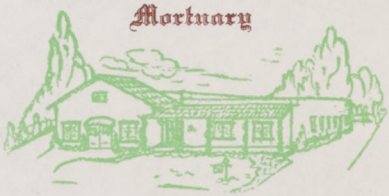
Estimate on fixing grave send to

Mrs. G.H. Frazier
2836 Greenwich St.
San Francisco, Calif.

Box 913
Ross, Calif

Mission Chapel

Mortuary



BOX 491X
5TH AND NAPA STREETS, WEST
SONOMA, CALIFORNIA

PHONE: SONOMA 3357

BATES & EVANS
FUNERAL HOME
BROADWAY
SONOMA CALIF

RE WILLIAM SCHMIDT

Date	Charges	Credits	Balance
	REMOVAL & PRESERVATION OF REMAINS		$ 60.00

Pd
4-10-54

Thank You

July 15 1954 NO. 07343

RECEIVED FROM Bates & Evans

one Telegram for Mrs Sotile DOLLARS

from Mr. Mrs Margaret Ellis

$ _____ HOW PAID | BALANCE DUE | Leo. V Connolly

SUNSET-McKEE CO. OAKLAND LOS ANGELES FORM NO. 55

CLASS OF SERVICE

This is a full-rate Telegram or Cablegram unless its deferred character is indicated by a suitable symbol above or preceding the address.

WESTERN UNION

W. P. MARSHALL, PRESIDENT

FX-1201

SYMBOLS
DL=Day Letter
NL=Night Letter
LT=Int'l Letter Telegram
VLT=Int'l Victory Ltr.

The filing time shown in the date line on telegrams and day letters is STANDARD TIME at point of origin. Time of receipt is STANDARD TIME at point of destination

WU12 S.RKA482 PD=ROCKFORD ILL 1 336PMC=

=MRS W D SOTILE=

=BOX 181 GLENELLEN CALIF=

SO VERY SORRY CIRCUMSTANCES DO NOT PERMIT ME TO ATTEND ANY ARRANGEMENTS YOU MAKE WILL BE SATISFACTORY WITH ME=

=MARGARET ELLIS 208PM

Mrs Margaret Ellis - Wife
726 Seminary St.
Rockford Illinois

No. 4078 To Daughter
B C A 212 To Be 7

4078

Bates & Evans

Funeral Directors

SONOMA, CALIFORNIA

Mr. _____

_____

Funeral of Walter H. Ellis *Deceased*

PHONE SONOMA 2686 April 5, 1954

Casket, & cpmplete funeral services
including the following;
Casket
Removal
Embalming
Cremation
packing & shipping ashes to G G. National cemetery
Music
Minister
Funeral notices
Delivery to Santa Rosa for cremation
Sales tax

$568.79

I hereby state that the above statement is correct, that said services were authorized by me, that same has been rendered by me, and that no payment has been made at this date.

Signed.....Wife
Margaret Ellis

LEO V. CONNOLLY
SERVICE OFFICER

VETERAN'S ADVISORY BOARD
IRVING KLEIN, M.O.P.H.
CHAS. L. CALLAN, V.F.W.
LESTER S. DAVIS, A.L.
WILLIAM DEISS, U.S.W.V.
EUGENE C. JANZEN, D.A.V.

COUNTY OF SONOMA
Veterans Service Office
ROOM 119, COURT HOUSE
TELEPHONE 3880
SANTA ROSA, CALIFORNIA

April 2, 1954.

ELLIS, Walter Harry
C-1305 87 36
SN 0 397 374

Bates and Evans Funeral Directors
691 Broadway,
Sonoma, Calif.

Dear Sirs:

Below is the information you ask that I send you on the above captioned deceased veteran:

Enlisted 12-27-39 at Oklahoma City, Oklahoma.
Discharged 1-13-47 at Hamilton Field, Calif.
He was a Major in the Air Force

We have nothing in our files to indicate what unit he was with.

Sincerely,
Leo V. Connolly,
Veterans Service Officer.

LVC/k

Send bill to:

Mr. Leo H. Carton(father)
c/o Columbia Steele Co.
Russ Building, San Francisco

(1418 Ocean Ave S.F.

Mrs. Gerturde Carton
4128 - 17th St., San Francisco

5-1-54 Statement to Father

Copy

Bates & Evans

Funeral Directors

SONOMA, CALIFORNIA

Mrs. Ida G. Smith

2908 Elwood Court, Berkeley, Calif.

Funeral of Edward Graff *Deceased*

PHONE SONOMA 2686 April 28, 1954 195

Casket, personal services, &	
delivery to Oakland	$380.00
Sales Tax	5.70
Total	$385.70
	150 —
	235 70

IN THE

SUPERIOR COURT

OF THE STATE OF CALIFORNIA

IN AND FOR THE COUNTY OF SONOMA

In the Matter of the Estate of

EDWARD GRAFF

Deceased.

No.....

Creditor's Claim

The undersigned creditor.... of the above named deceased, present..... claim ..... against the estate of said deceased, with the necessary vouchers for approval, as follows, to-wit:

Estate of EDWARD GRAFF ....., Deceased.

To BATES & EVANS FUNERAL DIRECTORS ..... Dr.

19 54

Casket, personal service, & delivery to Oakland ..	$380.00
Sales tax	5.70
	$385.70

State of California, } ss.
County of Sonoma. }

Jewell R. Evans being first duly sworn deposes and says: That Bates & Evans Funeral Directors whose foregoing claim is herewith presented to the Administrator of the Estate of said deceased, is (1) the firm name & style under which said business is conducted; that affiant is (2) Secretary and for that reason he makes this affidavit on behalf of said (3) Bates& Evans Funeral Directors That the amount of said claim, to-wit, the sum of Three hundred eighty five and 70/100ths. ($385.70) Dollars is justly due to said claimant....., that no payments have been made thereon which are not credited, and that there are no offsets to the same to the knowledge of said affiant.

Subscribed and sworn to before me this.....day of....., 19.....

Jewell R Evans

Secretary

(1) Firm or corporation, as the case may be; insert name of individuals composing co-partnership; if a corporation so state, giving name of State in which same was organized.

(2) State fully capacity in which affiant acts. If a member of firm, say so; if a managing agent state why it is not sworn to by one of the principals; if an officer of a corporation, state what officer, if an individual claimant, so state.

(3) Firm or corporation

No.....

Probate—Dept. No. 2

IN THE SUPERIOR COURT

OF THE STATE OF CALIFORNIA

IN AND FOR THE COUNTY OF SONOMA

In the Matter of the Estate of

Edward Graff

Deceased.

Claim of

Bates & Evans Funeral Directors

For $385.70

The within claim presented to the Administrator of the estate of said deceased is allowed and approved for $385.70 this day of, 1954

Ida J. Smith.

Judge.

Allowed and approved for $385.70 this day of, 1954

Judge.

457 FIRST STREET WEST

TELEPHONE WE 8-3775

LAW OFFICES
CHARLES E. GREENFIELD, JR.
BATTO BUILDING
SONOMA, CALIFORNIA

CEG:Jr./my

April 19, 1956

Bates & Evans
Broadway
Sonoma, California

RE: Edward Graff, deceased

Gentlemen:

At long last I am enclosing Mrs. Smith's check covering the funeral of her brother who died two years ago March.

The full amount of the bill rendered in April of 1954 was $385.70. We understand you received $150, from the Veterans Administration. Balance accordingly, is $235.70 as per enclosed check.

Will you give us your receipt so that we may submit a full voucher to the Court.

Yours very truly,

Charles E. Greenfield, Jr.

encl.

LAW OFFICES
CHARLES E. GREENFIELD, JR.
BATTO BUILDING
457 FIRST STREET WEST
SONOMA, CALIFORNIA

SONOMA, CALIF.
APR 10
5 30 PM
1956

Bates & Evans,
Broadway
Sonoma, California

Mrs. Bertram Truett
25 Del Monte Dr.
Burlingame

Send bill -
Valenta

HEADQUARTERS
STRATEGIC AIR COMMAND
Offutt Air Force Base
Omaha, Nebraska

May 28, 1954

Bates and Evans
Sanoma, California

Gentlemen:

I am anxious to pay the expenses for the funeral of my mother, Mrs. Frieda Skerl, however, I have not as yet received your invoice. I would appreciate your sending a statement to me at the following address as soon as possible.

1023 Parkway Drive
Bellevue, Nebraska

Thank you.

Sincerely,

Russell E. Schleeh

RUSSELL E. SCHLEEH
Lieutenant Colonel, USAF

1948 Dutty Rd

William J. Newman, M.D.
Wayne G. Price, M.D.
Sonoma, California
Telephone 5568

June 9, 1954

I hereby permit Dr. William J. Newman to have an autopsy done on Robert Nissen.

Anita J. Nissen
Anita Nissen

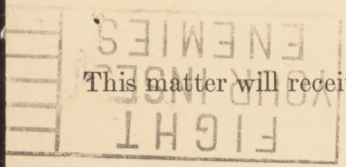
dk

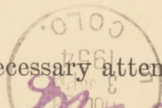
Date 7 23 54

Name RAMOS, Frank R.

File No. SN 1 173 331
(C, XC, K, N, etc.)

This acknowledges receipt of your letter dated July 19, 1954 concerning the death of Frank R. Ramos.





This matter will receive all necessary attention and action.

Signed Marlin A. Kelly

Marlin A. Kelly

Title Chief, Administrative Division

FL 30
Jan. 1948
Replaces Form FL 3-30, Aug. 1946, which may be used.

16—62379-1 GPO

Veterans Administration
Regional Office
Denver Federal Center
Denver, Colorado

RETURN AFTER FIVE DAYS

OFFICIAL BUSINESS

16—62379-1

PENALTY FOR PRIVATE USE TO AVOID
PAYMENT OF POSTAGE, $300
(GPO)

Bates & Evans Funeral Directors
Sonoma, California

OP # 1

Date 7 28 54

Name RAMOS, Frank R.
(SN 1 173 331)

File No. XC 18 148 362
(C, XC, K, N, etc.)

This acknowledges receipt of your claim for benefits recently received in this office.

This matter will receive all necessary attention and action.

Signed Marlin A. Kelly
Marlin A. Kelly

Title Chief, Administrative Division

FL 30
Jan. 1948
Replaces Form FL 3-30, Aug. 1946, which may be used.

16—62379-1 GPO

Veterans Administration
Regional Office
Denver Federal Center, Denver, Colorado

RETURN AFTER FIVE DAYS

OFFICIAL BUSINESS

16—62379-1

DENVER
Jul 29
1 4 PM
1954
COLO.

PENALTY FOR PRIVATE USE TO AVOID
PAYMENT OF POSTAGE, $300
(GPO)

Bates & Evans Funeral Directors
691 Broadway
Sonoma, California

OP # 1

Date OCT 13 1954

Name Ting-Joseph F.

File No. 5N989 3905
(C, XC, K, N, etc.)

This acknowledges receipt of your claim for benefits recently received in this office.

This matter will receive all necessary attention and action.

Signed Marlin A. Kelly

Title Marlin A. Kelly
Chief, Administrative Division

FL 30
Jan. 1948
Replaces Form FL 3-30, Aug. 1946, which may be used.

10—68370-1 GPO

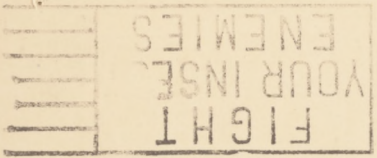
Veterans Administration
Regional Office
Denver Federal Center, Denver, Colorado

PENALTY FOR PRIVATE USE TO AVOID
PAYMENT OF POSTAGE, $300
(GPO)

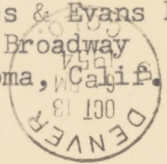
RETURN AFTER FIVE DAYS

OFFICIAL BUSINESS

16—62379-1



Bates & Evans Funeral Directors
691 Broadway
Sonoma, Calif.



Bates & Evans

Funeral Directors

SONOMA, CALIFORNIA

Mr. _____

_____

Funeral of Joseph Fred King *Deceased*

PHONE SONOMA 2686 Oct. 2, 195 4

Casket, & complete funeral services including the following;

Casket

Removal

Embalming

Fares to Fresno

Delivery to train

Minister

music

funeral notices

Conducting funeral & personal services

Sales tax $581.89

Aug. 16,1954 paid on account $344.00

Sept. 11,1954 paid on account 27.89

Oct. 2,1954, I hereby state that the above statement is correcto, that said services, & merchandise were ordered by me, and that same has been rendered.

Signed.....Mother

VETERANS ADMINISTRATION

DISTRICT OFFICE
DENVER FEDERAL CENTER
DENVER, COLORADO

December 31, 1954 YOUR FILE REFERENCE:

IN REPLY REFER TO: 2013-8BAA
XC-18 441 704
KING, Joseph Fred

Bates and Evans Funeral Directors
691 Broadway
Sonoma, California

Gentlemen:

This is to inform you that your claim for the statutory burial allowance filed in the case of the above-named veteran has been disallowed inasmuch as the nature of the veteran's discharge from service, as determined from the official report of the Department of The Navy, precludes payment of the statutory burial allowance.

If you have no further evidence to submit but have substantial reason to believe that the decision is not in accordance with the law and the facts in your case, you may appeal to the Administrator of Veterans Affairs at any time within one year from the date of this letter. If you wish to appeal, you should so inform this office and you will be furnished VA Form P-9 for that purpose.

Very truly yours,

J. J. Crowley

J. J. CROWLEY
Chief, Dependents and Beneficiaries
Claims Division, Claims Service

An inquiry by or concerning an ex-service man or woman should, if possible, give veteran's name and file number, whether C, XC, K, N, V, H, RH, RS, or loan number. If such number is unknown, service or serial number should be given.

CUSTOMER'S COPY

ST. MARY'S CEMETERY

4529 HOWE ST., OAKLAND, CALIF.

PIEDMONT 5-0936

This is a receipt, not an interment nor entombment certificate.

No. 3579 Oakland, Calif., 8/19/54 195

Received of Bates + Brown

Address Downey, Cal.

Decedent Ann Hurley

Dor Bldg B Sta 1, Area ___, Plot ___, Grave 99

ITEM	AMOUNT	
Plot & Perpetual Care		
Burial & Box	75	00
Foundation		
Miscellaneous		
178/7		
Sales Tax		44
Total Amount Received	75	44
Balance Due		

K. Taylor, Clerk

$ - Printed by Sunset McKee-Standard Register Sales Co., Oakland 6, California SC-36953

$..... Sept. 14, 1954 ....., 19.....

.....after date, for value received I, Osa Eliason .....promise to pay to the order of

..... Bates & Evans Funeral Dirs. ....., at Sonoma ....., California,

the sum of one hundred seventy eight and 04/100ths. .....Dollars,

with interest thereon from date until paid; at the rate of none .....per cent per annum, principal and interest alike payable in

lawful money of the United States. Interest is payable within 6 mos. ....., the first payment to be made

on....., and if said interest is not paid as it becomes due, interest on overdue interest shall thereafter be paid at the same times and rate. And in case said interest, or any part thereof, is not paid within ten days after the same becomes due, the whole of said principal sum shall forthwith become due and payable at the election of the holder of this note, of which election, notice is hereby waived. And in case suit is filed for collection of the same, I, or we promise to pay a reasonable attorney's fee.

Osa M. Eliason .....

.....

LAW OFFICE OF A. R. GRINSTEAD, SONOMA, CAL.--PROMISSORY NOTE.

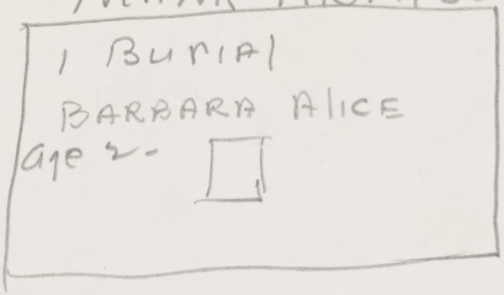
(1874)

PAYMENTS MADE ON WITHIN NOTE

Date	Interest Due	Paid To	Payment On Principal	Balance	

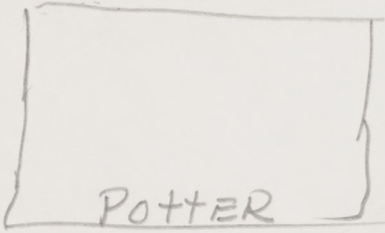
CONCRETE ... THE MOST UNIVERSALLY USED
UNDERGROUND CONSTRUCTION MATERIAL

FRANK THOMPSON



1 Plot above Cutter Plot.

Plot near Hooper Vault
Behind G. Harris Plot.



CHRISTENSEN BROS.
RT. 1, BOX 229 • COLMA • CALIF. PLaza 5-4119

Christy
BURIAL
VAULTS
Personalized Protection

12 5-1881

Jun 5 1881

IN ACCOUNT WITH

ODD FELLOWS CEMETERY ASSOCIATION OF SANTA ROSA, INC.

P. O. BOX 995 TELEPHONE 4890

Santa Rosa, Calif., Sept. 4, 1954, 19

Bates & Evans

Sonoma, Calif.

9-4-54	Account for Helena M. Northmore		
	Interment & Recording	35.00	
	Expense Sat. P.M. service	10.00	
	Concrete Grave Liner	25.00	
	sales tax on Liner	.75	70.75

Received payment
9/4/54
A L Gudrem
Supt.

IN ACCOUNT WITH

ODD FELLOWS CEMETERY ASSOCIATION OF SANTA ROSA, INC.

P. O. BOX 995 TELEPHONE 4890

Santa Rosa, Calif., Sept. 4, 1954, 19

Bates & Evans

Sonoma, Calif.

9-4-54	Account for Helena M. Northmore		
	Interment & Recording	35.00	
	Expense Sat. P.M. service	10.00	
	Concrete Grave Liner	25.00	
	sales tax on Liner	.75	70.75

Received payment
9/8/54
A Z Graham
Supt.

Form No. 1
(Funeral Director's Copy)

OFFICE OF

SONOMA COUNTY CORONER

SANTA ROSA, CALIF.

The undersigned Physician and Surgeon duly licensed to practice medicine in the State of California, deposes and says:

That he treated Anna Tracy for 10 days; that said party died on the 15 day of Sept, 1954, the cause of death being unknown to the undersigned physician and the undersigned physician hereby requests the Coroner to perform an autopsy upon said Anna Tracy deceased, in order to determine and ascertain the cause of death.

Dated: 9/16/54

T. Fuji

Physician and Surgeon.

CR 1-250 Sets-6-49

Form No. 2

OFFICE OF

SONOMA COUNTY CORONER

SANTA ROSA, CALIF.

It appearing that the cause of death cannot be ascertained other than by the performance of an autopsy, it is therefore ordered that an autopsy be performed upon

Anna Tracy

Dated: Sept. 16, 1954

Vernon Rieveschuld

Coroner.

White - Coroner's Copy
Pink - Funeral Director's Copy
Blue - Physician's Copy

Son[redacted]a Wife, 19, Succumbs

SONOMA — Funeral services are being arranged in San Bernardino today for 19-year-old Nancy L. Dickson, who died of a blood clot condition Friday while en route to the Sonoma Valley District Hospital.

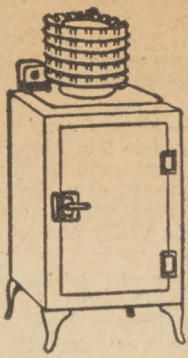
Mrs. Dickson was stricken while working as a beautician at the Powder Box Beauty Shop, Boyes Springs. She was taken by ambulance to the hospital, but was dead on arrival.

She was married in April to Charles H. Dickson, Boyes Springs ranch worker. They resided on Thompson Ave. She had been a resident of Boyes Springs six months.

Besides her husband, she is survived by parents Mr. and Mrs. Laurence P. Boyle, Big Bear Lake, Calif.; and three sisters, Angelica J. Jorgenson, Tex.; Miss Larry Jane Boyle, Pasadena, and Allison A. Boyle, Big Bear Lake. She was the granddaughter of Mrs. Leona Sanborn, Redlands.

Services will be held at Mark B. Shaw Mortuary, San Bernardino, Tuesday, Bates and Evans Funeral Home said.

Frank Wesne[illegible] Redding, in Twin Cessna, [illegible] three friend to visit in San[illegible] F. Kilbourn from Eureka in a Cessna 170 wit



"M
or

We'll give you
an EXTRA-LIBERAL
TRADE-IN Allowance
toward a
New G-E with
REVOLVING

IN ACCOUNT WITH

ODD FELLOWS CEMETERY ASSOCIATION OF SANTA ROSA, INC.

P. O. BOX 995 TELEPHONE 4890

Santa Rosa, Calif., Oct. 23, 1954, 19

Bates & Evans Funeral Parlor

Sonoma, Calif.

	Account for Charles L. Hipkins		
10-23-54	Grave 10, Lot 51, Lawn A		
	with Endowment Care	100.00	
	Interment & Recording Expense	45.00	35.00
	Concrete Grave Liner	25.00	
	Sales Tax on Liner	.75	170.75
			160.75
	Received payment 10-23-54		
	A. L. Andrews, Manager		

IN ACCOUNT WITH

ODD FELLOWS CEMETERY ASSOCIATION OF SANTA ROSA, INC.

P. O. BOX 995 TELEPHONE 4890

Santa Rosa, Calif., Oct. 23, 1954, 19

Bates & Evans Funeral Parlor

Sonoma, Calif.

	Account for Charles L. Hipkins		
10-23-54	Grave 10, Lot 51, Lawn A	100.00	
	with Endowment Care	45.00	
	Interment & Recording Expense	25.00	
	Concrete Grave Liner	.75	170.75
	Sales Tax on Liner		
	Received payment 10-23-54		

A. L. Andrews, Manager

19145 Robeson Rd.
Sonoma Calif.
Oct. 28, 1945

Bates & Evans
Sonoma, Calif.

Dear Mr. Evans

I am sorry to have been so long paying off the rest of my brothers funeral expenses. But I have learned that his social security will allow two hundred seventy five dollars towards the expenses. ~~But~~ and that amount will pay off the remainder of his expenses, but they require an itemized list of the funeral arrangements. You were kind enough to send

me originally - I left
that in my mother's charge
with the remainder of my
brothers papers and belongings
and since the Social Security
office asked for this type of
bill, I have searched to
searched for it, but it can
not be located, & my mother
has forgotten what she did
with it. I hate to put you
to this additional trouble,
but it will mean that
the rest of the amount can
be paid. It is not clear
to me, but apparently first
I put in for the amount
that has been paid. - Now
that to pay off the other.
So I suppose the bill should
show what has been
paid, & the remaining
balance. I wish I could
pay off the balance

& then put in for the
entire amount with Chris Roth
Lope. -

Thank you for all
of the trouble & the
long wait you have had
for a settlement of this
account.

Very Sincerely,

Flora Parmalee

TELEPHONE 2686

Bates and Evans

Funeral Directors

SONOMA, CALIFORNIA

Dec.....1954

Received of the firm of, Bates & Evans, Funeral Dirs. Creditor's Claim in the amount of $977.64, which I will file against the Estate of, JOSEPH M. FREITAS, deceased.

Signed.....
Representive of Coombs- Dunlap-& Dunlap

August 5, 1984

Dear Sonoma Chamber of Commerce,

I have a rather strange request to make; I hope your agency can help me. I have been some period of time attempting to complete a family history and I have encountered a problem in attempting to trace the history of a child born to my father, George E. Fidler, Sr. and he first wife, Betty M. Fidler. Last week I finally learned the child's name and birthdate as well as birth place. I have requested the child's birth certificate and would like to secure the death certificate; however, I do not have an actual death date. I have determined the child was born May 6 or May 8, 1931, in Woodland, Yolo Co. Calif. The child's name was Melvin ~~Earl~~ Robert Fidler. The child, Melvin ~~Earl~~ Robert, died as a young baby. The child's mother, Betty M. Fidler, died 6-6-33. George and Betty Fidler were residing in Napa, Ca. in 1933 and Betty is buried in Tulocay Cem. in Napa. I have had several contacts with Mrs. Hatch at Tulocay and Baby Melvin is not buried at Tulocay. Betty M. was quite young in 1931 and I thought perhaps she might have gone to her mother's house seeking assistance for her sick baby, Melvin.

Betty's mother, Mary P. Madocrian, lived for many, many years in a little house behind the Sonoma Mission. Last week I was able to determine Betty had, in fact, gone to Sonoma to see if her mother could help

make Baby Melvin Get well. Baby Melvin died shortly Thereafter and was "buried in Sonoma" according To my information.

Mrs. Hatch sent me Addresses for 3 Sonoma Co. Cemetery Districts; NONE Actually in Sonoma. I have written The 3 Cemeteries; NONE of Them have Baby Melvin. I'm certain Baby is buried At Sonoma. Is There A small Cemetery Near or Actually in Sonoma? Baby would probably have Gone to A "County" (Indigent) plot or Cemetery As The family was probably poor. If I can find A death date, I could secure A Sonoma Co. death certificate.

Now, my request; would you please forward my letter (and/or copy of same) To ANY and ALL Cemeteries in Sonoma? I did not Know who else to contact As I do Not Know Anyone in Sonoma. OR, if you could send me Addresses for The Cemeteries right in And Around Sonoma, I would personally Contact Them. I deeply Appreciate your time And interest. My sincere Thanks for your help. (Alex Haley made This "Roots" business look easy, but - - - !!)

I have included A "vitals" page.

Sincerely,
Therese Fidler-Stevenson
P.O. Box 375
Anderson, Calif. 96007
(916) 365-1600

Seeking date of death and burial place for:

NAME: Melvin ~~EARL~~ Robert Fidler
d.o.b.: *May 6 or May 8, 1931 * May 6, 1931 confirmed
PLACE: Woodland, CA., Yolo Co.
Mother: ~~Betty~~ M. Fidler
Father: George EARL Fidler, Sr.

Melvin ~~EART~~ Robert died as a young baby, probably of dysentary. Melvin's mother died 6-[illegible]-33. Melvin probably expired in 1931, possibly early 1932. Fidler family residence was probably Napa, Ca. Father, George, was a laborer. Mother, Betty, was a housewife. Betty's maiden name was Betty Madocrian. Baby Melvin probably in the "County" section of the cemetery.

Please forward any information to:

Therese Fidler-Stevenson
P.O. Box 375
Anderson, Calif. 96007
(916) 365-1600

ORDER AND TERMS

SONOMA, CALIFORNIA Nov. 29, 1954

The undersigned, severally and individually, having authorized BATES AND EVANS, FUNERAL DIRECTORS, to direct the funeral of Mary A. Luther and supply the funeral furnishings, casket and professional services in the sum of $ 550.85, do therefore, for value received and services thus rendered, promise to pay to said BATES AND EVANS, FUNERAL DIRECTORS, or their assigns, the sum of $ 550.85, as follows:

$ herewith and the sum of $ 30.00 each Month hereafter, until the full sum shall have been paid. Said payments are payable at the office Bank but may at the signer's option be paid direct to BATES AND EVANS, FUNERAL DIRECTORS, at their office. I (we) agree that BATES AND EVANS, FUNERAL DIRECTORS, may, if they wish, file a claim for this account in the Probate Court against the estate of the decedent, without in any manner affecting my (our) agreement to pay as herein stated, but any collection made by them shall be credited on the account. It is also hereby agreed that any additional items ordered for this funeral shall be added to and become a part of this agreement.

Signature Mrs Virginia Garner Address 23180 Maffei Rd. Sonoma, California

Signature Mrs. Bernadine Freeman Address Battle Lake - Alberta, Canada

Witness Mrs. Sylvia Bernard Witness P.O. Box 282 - Washougal Wash.

MEMORANDUM OF SALE

In Account With

M.....

Date of Sale.....Total Obligation $.....

Date	Amt. Paid		Received by	Balance Due	

Bates & Evans

Funeral Directors

SONOMA, CALIFORNIA

Mr. _____

_____

Funeral of Andrew Mathieu *Deceased*

PHONE SONOMA 2686 Dec. 24, 1954 195

Casket, & complete funeral services,
including the following;
Removal
Embalming
Conducting funeral & personal services
Funeral coach to cemetery
Limousine to cemetery
Mass
Funeral notices
Sales tax $875.60

I hereby state that the above statement is correct, that said services, and merchandise were ordered by me, and that same has been rendered, and that no payment has been made at this date.

Signed. Marie I. Mathieu Wife
Marie I Mathieu

Andrew Mathieu

Dec. 24, 1954

Casket, & complete funeral services,
including the following;

Removal

Embalming

Conducting funeral & personal services

Funeral coach to cemetery

Limousine to cemetery

Mass

Funeral notices

Sales tax $875.60

I hereby state that the above statement is correct,
that said services, and merchandise were ordered
by me, and that same has been rendered, and that no
payment has been made at this date.

Signed.....Wife
Marie I Mathieu

VETERANS ADMINISTRATION

DISTRICT OFFICE
DENVER FEDERAL CENTER
DENVER, COLORADO

YOUR FILE REFERENCE:

January 18, 1955

IN REPLY REFER TO: 2013-8BAA

Bates & Evans Funeral Directors
691 Broadway
Sonoma, California

XC 18 419 115
MATHIEU, Andrew E.

Gentlemen:

An award, covering the item designated below by an "X" mark, has been approved and a check covering this amount will be mailed to you.

[x] 1. An allowance of $150.00
covering funeral and burial expenses of the veteran.

IMPORTANT - WHEN THE PAYEE IS AN UNDERTAKER OR OTHER CREDITOR

If your account for this veteran has been paid in full, or reduced through the receipt of payment from any source to an amount less than that shown above, the check in payment of this allowance should not be retained or negotiated, but must be returned to the issuing office of the Division of Disbursement, Treasury Department, shown on the envelope in which the check is mailed, together with a letter stating the reason for its return.

[ ] 2. An accrued amount
due as reimbursement of the expenses of the last sickness and burial of

All correspondence relative to this case must show the veteran's name and XC-number given above.

Very truly yours,

J. J. Crowley

J. J. CROWLEY
Chief, Dependents and Beneficiaries
Claims Division, Claims Service

FL 8-143
Aug 1953
Supersedes FL 8-17 and FL 8-21, which will be used.

An inquiry by or concerning an ex-service man or woman should, if possible, give veteran's name and file number, whether C, XC, K, N, V, H, RH, RS, or loan number. If such number is unknown, service or serial number should be given.

VA-MFD-ST.L. M-16276

Date Jan 3-1955

To Whom it may concern:

I hereby request the remains of:

PIERRE LEMBEYE

be released to Bates and Evans Funeral Directors for Funeral arrangements.

WITNESS: W. P. Downey

SIGNED Pierre Lembeye

ADDRESS Boys Springs

RELATIONSHIP None

Date .....

To Whom it may concern:

I hereby request the remains of:

.....

be released to Burns and Lewis Funeral Directors for
funeral arrangements.

WITNESS: SIGNED .....

ADDRESS .....

..... RELATIONSHIP .....

File #

56783

Sonoma Land Title Co.

311 Exchange Ave

S R

Date Aug 22, 55

To Whom it may concern:

I hereby request the remains of:

myself.

---

be released to Bates and Evans Funeral Directors for Funeral arrangements.

Pierre Temple Sr.

WITNESS: SIGNED .....

..... ADDRESS 424-2nd St N.
Lonsome

..... RELATIONSHIP .....

San Francisco Casket Co.
321-335 Valencia Street
San Francisco, 3
Telephones MArket 1-1146-47

Pierre Lembeye

Sister

Marie Bidou
563 Chetwood St.
Oakland 10, Calif.

Tel. Humboldt 3-7903

Bates & Evans
FUNERAL DIRECTORS
Sonoma, California

Pierre Lembeye

RAILWAY EXPRESS AGENCY

INCORPORATED

1029

UNIFORM EXPRESS RECEIPT—NON-NEGOTIABLE—TERMS AND CONDITIONS

1. The provisions of this receipt shall inure to the benefit of and be binding upon the consignor, the consignee and all carriers handling this shipment and shall apply to any reconsignment, or return thereof.

2. In consideration of the rate charged for carrying said property, which is dependent upon the value thereof and is based upon an agreed valuation of not exceeding fifty dollars for any shipment of 100 pounds or less and not exceeding fifty cents per pound, actual weight, for any shipment in excess of 100 pounds, unless a greater value is declared at the time of shipment, the shipper agrees that the company shall not be liable in any event for more than fifty dollars for any shipment of 100 pounds or less, or for more than fifty cents per pound, actual weight, for any shipment weighing more than 100 pounds, unless a greater value is stated herein. Unless a greater value is declared and stated herein the shipper agrees that the value of the shipment is as last above set out and that the liability of the company shall in no event exceed such value.

3. Unless caused by its own negligence or that of its agents, the company shall not be liable for—

a Difference in weight or quality caused by shrinkage, leakage, or evaporation.
b The death, injury, or escape of live freight.
c Loss of money, bullion, bonds, coupons, jewelry, precious stones, valuable papers, or other matter of extraordinary value, unless such articles are enumerated in the receipt.

4. Unless caused in whole or in part by its own negligence or that of its agents, the company shall not be liable for loss, damage or delay caused by—

a The act or default of the shipper or owner.
b The nature of the property, or defect or inherent vice therein.
c Improper or insufficient packing, securing, or addressing.
d The Act of God, public enemies, authority of law, quarantine, riots, strikes, perils of navigation, the hazards or dangers incident to a state of war, or occurrence in customs warehouse.
e The examination by, or partial delivery to the consignee of C.O.D. shipments.
f Delivery under instructions of consignor or consignee at stations where there is no agent of the company after such shipments have been left at such stations.

5. Packages containing fragile articles or articles consisting wholly or in part of glass must be so marked and be packed so as to insure safe transportation by express with ordinary care.

6. When consigned to a place at which the express company has no office, shipments must be marked with the name of the express station at which delivery will be accepted or be marked with forwarding directions if to go beyond the express company's line by a carrier other than an express company. If not so marked shipments will be refused.

7. As conditions precedent to recovery claims must be made in writing to the originating or delivering carrier within nine months after delivery of the property or, in case of failure to make delivery, then within nine months and fifteen days after date of shipment; and suits shall be instituted only within two years and one day after the date when notice in writing is given by the carrier to the claimant that the carrier has disallowed the claim or any part or parts thereof.

8. If any C. O. D. is not paid within thirty days after notice of non-delivery has been mailed to the shipper the company may at its option return the property to the consignor.

9. Free delivery will not be made at points where the company maintains no delivery service; at points where delivery service is maintained free delivery will not be made at addresses beyond the established and published delivery limits.

Special Additional Provisions as to Shipments Forwarded by Vessel from the United States to Places in Foreign Countries.

10. If the destination specified in this receipt is in a foreign country, the property covered hereby shall, as to transit over ocean routes and by their foreign connections to such destination, be subject to all the terms and conditions of the receipts or bills of lading of ocean carriers as accepted by the company for the shipment, and of foreign carriers participating in the transportation, and as to such transit is accepted for transportation and delivery subject to the acts, ladings, laws, regulations, and customs of oversea and foreign carriers, custodians, and governments, their employees and agents.

11. The company shall not be liable for any loss, damage, or delay to said shipment over ocean routes and their foreign connections, the destination of which is in a foreign country, occurring outside the boundaries of the United States, which may be occasioned by any such acts, ladings, laws, regulations, or customs. Claims for loss, damage or delay must be made in writing to the carrier at the port of export or to the carrier issuing this receipt, within nine months after delivery of the property at said port or in case of failure to make such delivery then within nine months and fifteen days after date of shipment; and claims so made against said delivering or issuing carrier shall be deemed to have been made against any carrier which may be liable hereunder. Suits shall be instituted only within two years and one day after the date when notice in writing is given by the carrier to the claimant that the carrier has disallowed the claim or any part or parts thereof. Where claims are not so made, and/or suits are not instituted thereon in accordance with the foregoing provisions, the carrier shall not be liable.

12. It is hereby agreed that the property destined to such foreign countries and assessable with foreign governmental or customs duties, taxes or charges, may be stopped in transit at foreign ports, frontiers or depositories, and there held pending examination, assessments and payments, and such duties and charges, when advanced by the company shall become a lien on the property.

To Destination Office: Eureka, Calif.

Consignee: Pierce Mortuary

Date Shipped: Jan 5 1955 195

Street Address or Non-Agency Destination:

Receipt Number: No. 1190

Name of Forwarding Office: (1203-B) San Rafael, Calif. (M)

Declared Value:

Piece-s	Article	Description	Weight
	Remains		

Shipper: Bates & Evans

Shipper's Street Address:

PREPAID (Original)

Class	Paid Beyond	Scale or Rate	Priced by
	XX | XXX		

	Value Charges
Express Charges	20 | 58
Refrigeration Charges	
Tax	62
Storage	
Total	21 | 20
C. O. D.	
C. O. D. Service Charge Write in YES or NO	X

(Form 5083)

SHIPPER'S PREPAID RECEIPT

NOTE—The Company will not pay over $50. in case of loss, or 50 cents per pound, actual weight, for any shipment in excess of 100 pounds, unless a greater value is declared and charges for such greater value paid.

RAILWAY EXPRESS AGENCY

INCORPORATED

Received shipment described hereon, subject to the Classifications and Tariffs in effect on the date hereof, value herein declared by Shipper to be that entered in space hereon reading "Declared Value," which the Company agrees to carry upon the terms and conditions printed hereon, to which the Shipper agrees and as evidence thereof accepts this receipt.

	Number Pieces	Date	Hour
		195	A. M. P. M.

For the Company

1

PIERCE MORTUARY

Eureka, California

Phone 363 — 707-H Street

Date 1/19/1955

Received from Bates - Evans Mortuary

Funeral of Mrs Rosina Vernon

$114.00

PIERCE MORTUARY

By E M Lover Secty

On Account	
Account in Full	✓

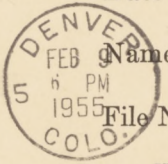
4342

Thank you

EGRY REGISTER SYSTEMS

OP # 1

Date 2 8 55



Name SMITH, Jackson Lee

File No. XC 18 814 868
(C, XC, K, N, etc.)

This acknowledges receipt of your claim for benefits recently received in this office.

This matter will receive all necessary attention and action.

Signed Marlin A. Kelly
Marlin A. Kelly

Title Chief, Administrative Division

FL 30
Jan. 1948
Replaces Form FL 3-30, Aug. 1946, which may be used.

16—62379-1 GPO

Veterans Administration
REGIONAL OFFICE
DENVER FEDERAL CENTER
DENVER 2, COLORADO

RETURN AFTER FIVE DAYS

OFFICIAL BUSINESS

16—62379-1

PENALTY FOR PRIVATE USE TO AVOID
PAYMENT OF POSTAGE, $300
(GPO)

Bates & Evans Funeral Directors
691 Broadway
Sonoma, California

Bates & Evans

Funeral Directors

SONOMA, CALIFORNIA

Mr. _____

_____

Funeral of Jackson Lee Smith *Deceased*

PHONE SONOMA 2686

January 26, 1955

Complete funeral services, including the following;

Casket

Removal

Embalming

Conducting funeral,& personal services

Music

Minister

Funeral notices

Funeral Coach to Cemetery

Limousine to Cemetery

Sales tax

..... $501.78

Jan. 26,1955, I hereby state that the above statement is correct, that said services & merchandise were ordered by me, that same has been rendered, and that no payment has been made at this date.

Signed.....Wife

RUTHERFORD AND RUTHERFORD
ATTORNEYS AT LAW
1204 CLAY STREET
NAPA, CALIFORNIA

SHELDON RUTHERFORD
WESLEY RUTHERFORD

PHONE 6-3753 OR 6-3754
NOTARY

May 3, 1955

Bates & Evans
Funeral Directors
Sonoma, California

Re: Estate of Louie Volquardsen,
Deceased

Gentlemen:

We are the attorneys for Mrs. Rahm, who is the Executrix of the Will of Louie Volquardsen, Deceased, and she asked us to send you a Creditor's Claim for filing in this Estate.

We have filled in the heading on the claim, and attached your statement for the funeral services thereto. Would you please fill in the verification on the back of the claim and have your signature notarized.

Also, we are herewith enclosing a return envelope for your convenience in sending this claim back to our office.

Respectfully yours,

Sheldon Rutherford Jr.
OF RUTHERFORD AND RUTHERFORD

j
Encl.

5-4-55- Completed & Returned -

RUTHERFORD AND RUTHERFORD
ATTORNEYS AT LAW
1204 CLAY STREET
NAPA, CALIFORNIA

SHELDON RUTHERFORD
WESLEY RUTHERFORD

PHONE 6-3753 OR 6-3754
NOTARY

May 12, 1955

Bates and Evans Funeral Directors
Sonoma, California

Re: Estate of Louis Volquardsen

Gentlemen:

With reference to the above estate, this will acknowledge receipt of your Creditor's Claim in the sum of $616.22.

Your claim will be taken care of as soon as we can arrange to sell some of the stock in the estate.

Thanking you, I am,

Respectfully yours,

Sheldon Rutherford

OF RUTHERFORD AND RUTHERFORD

SR/eh

Memo from...

ANDREW C. JOHANSEN

Coroner and Public Administrator

Bail

Back in 1956 you filed a claim for funeral against Estate of Esther M. Scott, Deceased, in the amount of $505.88.

Her husband was under guardianship and it is possible that his estate paid for her funeral.

If not, there may be a couple of dollars in Esther's estate which we could pay on the claim. Mr. Kemp is finally getting to work on this one by filing the final a/c of Mr. Silvershield.

There ~~xxxx~~ won't be much to pay as the total estate is less than $250.00. Will have fees to pay, etc.

8/31/56 Wilma

505.88

March
Nineteenth
1971

Mr. Andrew C. Johansen
Coroner and Public Administrator
2555 Mendocino Ave.
Santa Rosa, California 95401

Dear Mr. Johansen:

Attention: Wilma

In response to your note in regards to the Estate of Esther M. Scott.

Our billing was paid on the 31st of August, 1956 through the office of what was then McMahom and Greenfield, in full, $505.88.

Yours truly,

Gail Fehrensen, Jr., President
By Office Manager

Bates & Evans

Funeral Directors

SONOMA, CALIFORNIA

Mr. _____

_____

Funeral of James C. Thomas *Deceased*

PHONE SONOMA 2686 April 15,1955 194

Complete funeral services, including the following;

Casket		
removal		
music		
Minister		
Funeral Coach		
Limousine		
Opening grave		
Burial permit		
Sales tax	.....	$509.57
Fares from Nevada		170.00
Bunker Bros. Mortuary Nevada		83.00
	total	$762.57

April 15,1955, I hereby state that the above statement if correct, that said services, and merchandise were ordered by me, that same has been rendered, and that no payment has been made at this date.

Signed .....Nephew

OP # 1

Date April 29, 1955

Name THOMAS, James C.

File No. XC 4 684 038
(C, XC, K, N, etc.)

This acknowledges receipt of your claim for benefits recently received in this office.

This matter will receive all necessary attention and action.

Signed Marlin A. Kelly

Marlin A. Kelly

Title Chief, Administrative Division

rel

FL 30
Jan. 1948
Replaces Form FL 3-30, Aug. 1946, which may be used.

16—62379-1 GPO

Veterans Administration
Regional Office
Denver Federal Center, Denver, Colorado

PENALTY FOR PRIVATE USE TO AVOID
PAYMENT OF POSTAGE, $300
(GPO)

RETURN AFTER FIVE DAYS

OFFICIAL BUSINESS
16—62379-1

Bates & Evans Funeral Directors
691 Broadway Street
Sonoma, California

VETERANS ADMINISTRATION

DISTRICT OFFICE
DENVER FEDERAL CENTER
DENVER 2, COLORADO

YOUR FILE REFERENCE:

May 3, 1955

IN REPLY REFER TO: 2013-8BAB
XC 4 684 038
THOMAS, James C.

Bates & Evans Funeral Directors
691 Broadway Street
Sonoma, California

Gentlemen:

An award, covering the item designated below by an "X" mark, has been approved and a check covering this amount will be mailed to you.

[X] 1. An allowance of $ 150.00
covering funeral and burial expenses of the veteran.

IMPORTANT - WHEN THE PAYEE IS AN UNDERTAKER OR OTHER CREDITOR

If your account for this veteran has been paid in full, or reduced through the receipt of payment from any source to an amount less than that shown above, the check in payment of this allowance should not be retained or negotiated, but must be returned to the issuing office of the Division of Disbursement, Treasury Department, shown on the envelope in which the check is mailed, together with a letter stating the reason for its return.

[ ] 2. An accrued amount
due as reimbursement of the expenses of the last sickness and burial of

All correspondence relative to this case must show the veteran's name and XC-number given above.

Very truly yours,

J. J. Crowley

J. J. CROWLEY
Chief, Dependents and Beneficiaries
Claims Division, Claims Service

FL 8-143
Aug 1953
Supersedes FL 8-17 and FL 8-21, which will be used.

An inquiry by or concerning an ex-service man or woman should, if possible, give veteran's name and file number, whether C, XC, K, N, V, H, RH, RS, or loan number. If such number is unknown, service or serial number should be given.

VA-MFD-ST.L. M-16276

FORM AC-1 (12-54)

TWA TRANS WORLD AIRLINES
U.S.A.-EUROPE-AFRICA-ASIA

TRANS WORLD AIRLINES, INC.
UNIFORM AIRBILL

AIRFREIGHT

NON-NEGOTIABLE

It is mutually agreed that the goods herein described are accepted in apparent good order (except as noted) for transportation as specified herein, subject to governing classifications and tariffs in effect as of the date hereof which are filed in accordance with law. Said classifications and tariffs, copies of which are available for inspection by the parties hereto, are hereby incorporated into and made a part of this contract.

AIRBILL NUMBER: 15- SFO - 353990

CONSIGNOR: BATES + EVANS
STREET ADDRESS: P.O. Box 535
CITY: SONOMA ZONE: STATE: CALIF.
BY: X A. Warren Turner
CONSIGNOR'S NO.:

CONSIGNEE: SHIELDS MEMORIAL HOME
STREET ADDRESS:
CITY: GREENFIELD, ILL. ZONE: STATE:
DESTINATION AIRPORT (CITY): STL
CONSIGNEE'S NO.:
Airline Routing Applies Unless Shipper Inserts Specific Routing Here

DECLARED VALUE $ — Agreed and understood to be not more than the value stated in the governing tariffs for each pound on which charges are assessed, unless a higher value is declared and applicable charges paid thereon.

RECEIVED BY CARRIER AT (CHECK ONE)
☐ CONSIGNOR'S DOOR ☐ CITY TERMINAL ☒ AIRPORT TERMINAL

DELIVERY will be made to the consignee at points where delivery service is available unless otherwise specified below.
☐ City Terminal ☒ Airport Terminal

CHARGES (CHECK ONE) ☒ PREPAID ☐ COLLECT

No. of Pieces	DESCRIPTION OF PIECES AND CONTENTS	WEIGHT	AIRLINE ROUTING To	AIRLINE ROUTING Via	RATE 1	CHARGES
1	HUMAN REMAINS	385	STL	TWA	~~4.42~~	~~1556~~ 1562
1	Box Flowers				30 32	116 73
	REMAINS OF: ANNA RING HAUSEN					
	INSTRUCTIONS TO CARRIER					

IMPORTANT. Write or print clearly. Carrier will complete all items below bold line, EXCEPT CONSIGNOR'S C.O.D. Weights are subject to correction.

DIMENSIONS ____ X ____ X ____ = ____ CU. IN. =

DIMENSIONAL WEIGHT: OK

$ ____ RECEIVED TO APPLY IN PREPAYMENT OF THE CHARGES ON THE PROPERTY DESCRIBED HEREON.

BY ____ AGENT

RECEIVED BY TRANS WORLD AIRLINES, INC.

AGENT: [signature]
AT: SFO (SIGNATURE OF AGENT)
DATE: 4/8/55 TIME: 1115PST A.M. P.M.

SUMMARY OF CHARGES	PREPAID CHARGES	COLLECT CHARGES
Weight - Rate Charges	~~1556~~	
Pick-up Charges	116 73	
Delivery Charges		
Excess Value Transportation Charge		
	116 73	
Sub-Total	~~1556~~ 1562	
Transportation Tax	~~46 67~~ 3 59	
Charges Advanced		
Consignor's C.O.D.	XX XX	
C.O.D. Fee		
Insurance Charge	12 02 3	
TOTAL CHARGES	~~1602 9~~	

☒ CASH ☐ CHARGE

INVOICE

3

June 17, 1955

Bates & Evans Funeral Home
Sonoma, California

Gentlemen:

This letter is in regard to the recent funeral service that you held for my Aunt, Mrs. Caroline Guilfoyle. Would you please inform us whether her funeral bill has been paid as yet, and if so, by whom. Would you also send us a copy of the bill, even if paid, as I will have some financial interest in this.

Thank you very much.

Very truly yours,

Ralph J. Simons

Ralph J. Simons
3975 Maple Drive
Allison Park, Pa.

RJS:o

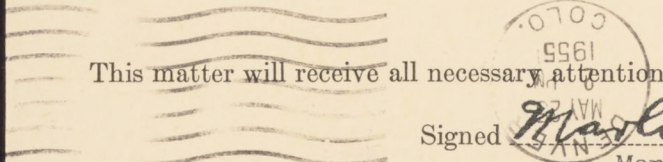
OP # 1

Date MAY 25 1955

Name CAMPBELL, Vernon O.

File No. XC 19 200 983
(C, XC, K, N, etc.)

This acknowledges receipt of your claim for benefits recently received in this office.



This matter will receive all necessary attention and action.

Signed Marlin A. Kelly
Marlin A. Kelly

Title Chief, Administrative Division

FL 30
Jan. 1948
Replaces Form FL 3-30, Aug. 1946, which may be used.

16—62379-1 GPO

Veterans Administration
REGIONAL OFFICE
DENVER FEDERAL CENTER
DENVER 2, COLORADO

RETURN AFTER FIVE DAYS

OFFICIAL BUSINESS

16—62379-1

PENALTY FOR PRIVATE USE TO AVOID
PAYMENT OF POSTAGE, $300
(GPO)

Bates & Evans Funeral Directors
691 Broadway
Sonoma, Calif.

Bates & Evans

Funeral Directors

SONOMA, CALIFORNIA

Mr. _____

_____

Funeral of Vernon O. Campbell *Deceased*

PHONE SONOMA 2686 May 16,1955 194

Complete funeral services, including the following;

Casket

Removal

Embalming

Cremation

Rev. Cole

Music

Funeral notices

Funeral Coach to cemetery

Limousine to Santa Rosa

Sales tax $638.40

May 16,1955, I hereby state that the above statement if correct, that said services, and merchandise were ordered by me, that same has been rendered, and that no payment has been made at this date.

Signed.....Wife

VETERANS ADMINISTRATION

District ~~REGIONAL~~ OFFICE
DENVER FEDERAL CENTER
DENVER 2, COLORADO

June 28, 1955

YOUR FILE REFERENCE:

IN REPLY REFER TO: 2013-8BAC
XC-19 200 983
CAMPBELL, Vernon O.

Bates and Evans, Funeral Directors
691 Broadway
Sonoma, California

Gentlemen:

An award, covering the item designated below by an "X" mark, has been approved and a check covering this amount will be mailed to you.

[X] 1. An allowance of $ 150.00
covering funeral and burial expenses of the veteran.

IMPORTANT - WHEN THE PAYEE IS AN UNDERTAKER OR OTHER CREDITOR
If your account for this veteran has been paid in full, or reduced through the receipt of payment from any source to an amount less than that shown above, the check in payment of this allowance should not be retained or negotiated, but must be returned to the issuing office of the Division of Disbursement, Treasury Department, shown on the envelope in which the check is mailed, together with a letter stating the reason for its return.

[ ] 2. An accrued amount
due as reimbursement of the expenses of the last sickness and burial of

All correspondence relative to this case must show the veteran's name and XC-number given above.

Very truly yours,

J. J. Crowley

J. J. CROWLEY
Chief, Dependents and Beneficiaries
Claims Division, Claims Service

FL VB8-143
Mar 1955(R)

An inquiry by or concerning an ex-service man or woman should, if possible, give veteran's name and file number, whether C, XC, K, N, V, H, RH, RS, or loan number. If such number is unknown, service or serial number should be given.

VA-MFD-ST.L. M-23075

TELEPHONE 42 2686

Bates and Evans

Funeral Directors

SONOMA, CALIFORNIA

January 14, 1948

The following is the request and wishes of Mrs. O. J. Remington that upon the event of my death, the above firm take care of my remains and furnish the following:

Complete funeral service	$ 160.00
Calif. Sales Tax	2.19
Cemetery Permit	6.00
No Minister	
No Music	
No Notices	
Opening grave (estimated)	55.00
	$ 223.19

WITNESS

Frank T. Bishop

Nellie R. Bishop

SIGNED

Caroline Josephine Remington

FORM OA-C721
(6-54)

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF OLD-AGE AND SURVIVORS INSURANCE

FORM APPROVED.
BUDGET BUREAU NO. 72-R283.2.

1701 4th St.
Santa Rosa, Calif.
Feb. 24, 1956

We have been informed that you rendered the last services to the deceased named below. It will be appreciated if you will complete the lower portion of this form for the records of the Social Security Administration and return it in the enclosed addressed envelope, which requires no postage.

Chris A. Jacobsen
(NAME OF DECEASED)

Bates & Evans Funeral Home
Sonoma, California

472-18-6483
(SOCIAL SECURITY ACCOUNT NUMBER)

16—42482-8 GPO

(YOU MAY DETACH HERE AND SAVE TOP PORTION FOR YOUR FILES)

FORM OA-C721
(6-54)

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF OLD-AGE AND SURVIVORS INSURANCE

FORM APPROVED.
BUDGET BUREAU NO. 72-R283.2.

2/3/56

We have been informed that you rendered the last services to the deceased named below. It will be appreciated if you will complete the lower portion of this form for the records of the Social Security Administration and return it in the enclosed addressed envelope, which requires no postage.

Chris A. Jacobsen
(NAME OF DECEASED)

Bates & Evans Funeral Home
Sonoma, California

472-18-6483
(SOCIAL SECURITY ACCOUNT NUMBER)

16—42482-8 GPO

(YOU MAY DETACH HERE AND SAVE TOP PORTION FOR YOUR FILES)

TELEPHONE 2686

Bates and Evans
Funeral Directors
SONOMA, CALIFORNIA

JAN 11 1956

MEMORANDUM

1. On Aug. 2, 1955, Bates & Evans, at attorney's instigation, Bates & Evans, through Jewell Evans, presented Estate of Wallman (#23267) with a Creditor's Claim for $702.72. It is acknowledged that payee received discount of $31.15, but receipt obtained for $702.72 as such was amount of Creditor's Claim. This money was advanced by Frances Ruble and receipt obtained to show payment of Claim.

Jan. 11, 1956 -

Signed & Dict. Bates
By Alexander J. McMahon

KRUGER & McMAHON
Attorneys at Law
Barracks Building
52 East Spain Street
Sonoma, California
Telephone WEbster 8-4711

Attorneys for Estate

IN THE SUPERIOR COURT OF THE STATE OF CALIFORNIA
IN AND FOR THE COUNTY OF SONOMA

In the Matter of the Estate of LENA HEILMANN WALLMAN also known as LENA WALLMAN, Deceased	NO: 23267 DEPT: 2 RECEIPT AND RELEASE OF CREDITOR'S CLAIM

BATES and EVANS, one of the creditor's of the above-entitled estate, hereby acknowledges receipt of the sum of $702.72 in full satisfaction of it's Creditor's Claim against the estate of the above named deceased, and does hereby fully release and discharge the above Estate from any and all claims and demands growing out of said Creditor's Claim.

BATES and EVANS

By _____

ROLAND H. KRUGER
ALEXANDER J. McMAHON
ATTORNEYS AT LAW
BARRACKS BUILDING
52 E. SPAIN ST.
SONOMA, CALIF.

ROLAND H. KRUGER
ALEXANDER J. MCMAHON
ATTORNEYS AT LAW
BARBACOA BUILDING
65 S. FAIR OAKS
SOUTH PASADENA

VETERANS ADMINISTRATION

VETERANS BENEFITS OFFICE
MUNITIONS BUILDING
WASHINGTON 25, D. C.

YOUR FILE REFERENCE:

July 8, 1955

IN REPLY REFER TO: 3072 - 8BE
XC 2 612 705
RICH, Curtis W.

Bates & Evans
691 Broadway
Sonoma, California

Gentlemen:

An award, covering the item designated below by an "X" mark, has been approved and a check covering this amount will be mailed to you.

[X] 1. An allowance of $ 150.00
covering funeral and burial expenses of the veteran.

IMPORTANT - WHEN THE PAYEE IS AN UNDERTAKER OR OTHER CREDITOR
If your account for this veteran has been paid in full, or reduced through the receipt of payment from any source to an amount less than that shown above, the check in payment of this allowance should not be retained or negotiated, but must be returned to the issuing office of the Division of Disbursement, Treasury Department, shown on the envelope in which the check is mailed, together with a letter stating the reason for its return.

[ ] 2. An accrued amount
due as reimbursement of the expenses of the last sickness and burial of

All correspondence relative to this case must show the veteran's name and XC-number given above.

cc:
Mrs. Lillian P. Rich
P.O. Box 265
Boyes Hot Springs, California

FL VB8-143
Mar 1955(R)

Very truly yours,
E. H. Callahan

E. H. CALLAHAN
Chief, Dependents Claims Division

An inquiry by or concerning an ex-service man or woman should, if possible, give veteran's name and file number, whether C, XC, K, N, V, H, RH, RS, or loan number. If such number is unknown, service or serial number should be given.

VA-DC-204090

VETERANS ADMINISTRATION

NOTIFICATION OF TRANSFER OF RECORDS

Records pertaining to the veteran indicated are being forwarded to the office shown at the right. Future correspondence regarding any application for benefits, made by or for this veteran, should be addressed to **that** office and **must** include the full name of the veteran and the identifying number shown.

X C- 1 689 276

Application for Burial Allowance

NAME

RICH, Curtis William

DATE RECORDS TRANSFERRED

JUN 15 1955

RECORDS FORWARDED TO VETERANS ADMINISTRATION

Mgr. Vets Benefits Office
Munitions Building
Washington 25, D. C.

Detach and retain this card for future reference

FL 3-7
July 1947
Replaces Form 3-3164 series which may NOT be used in R. O.

16—47711-4 GPO

Veterans Administration

REGIONAL OFFICE
DENVER FEDERAL CENTER
DENVER 2, COLORADO

RETURN AFTER FIVE DAYS

OFFICIAL BUSINESS

WASHINGTON, D.C.
JUN 8-PM 1955

PENALTY FOR PRIVATE USE TO AVOID PAYMENT OF POSTAGE, $300
(GPO)

BATES & EVANS FUNERAL DIRECTORS
691 Broadway Street
Sonoma, California

Bates & Evans

Funeral Directors

SONOMA, CALIFORNIA

Mr. _____

_____

Funeral of Irene Genevieve Reynolds *Deceased*

PHONE SONOMA 2686 May 16, 1955

Casket, & complete funeral services	$425.00
Dress $17.00 tx 51¢	17.51
underwear &xkx	3.25
Burial permit	5.00
Opening grave	60.00
Rev. Morris	10.00
Music	5.00
Local notice	5.15
Sales tax	6.60
Total	$537.51

Less $21.25 cash discount if paid on or before June 16,1955

William J. Newman, M.D.
Wayne G. Price, M.D.
Max K. Mendenhall, M.D.
164 West Napa Street
Sonoma, California
Telephone 5568

May 13, 1955

To Whom It May Concern:

I hereby grant my permission for Dr. Wm. J. Newman, M.D. to perform an autopsy on Mrs. Marjorie Lloyd who is my sister.

Elizabeth G. Weiss
Signed

Witness: Vivian M. Flood

May 13, 1955

To Whom It May Concern:

I hereby grant my permission for Dr. [illegible] Bowman, M.D. to perform an autopsy on [illegible] Marjorie Lloyd who is my sister.

_____

Signed

Witness: _____

Henry Trimbach

Freeman Cox
2630 - Telegraph Ave.
Oak. Templebar 21181

TELEPHONE 43

Bates and Evans

Funeral Directors

SONOMA, CALIFORNIA

November 16, 1945

The following is the requests and wishes of Joseph M. Schallbetter that upon the event of my death, the above firm take care of my remains and furnish the following:

Burial in the Catholic Cemetery at Sonoma		
One single grave----------	$	5.00
Opening grave----------	$	15 .00
Mass St. Francis Church---	$	15.00
Paper Notice, (Index-Tribune)		2.56
Complete Funeral		
Outside Box		
Services etc.	$	160.00
Sales Tax	$	2.38
	$	199.94

Mass Wed. 9:30 a.m

Signed
Bates & Evans
By E. A. Gordon

Signed
x Joseph Mari Schallbetter

Came to U.S. 1906

Freeman & Cox—Roach & Leonard, Inc.

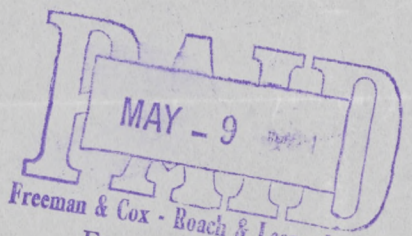
MORTUARIES

OAKLAND CHAPEL • 2630 TELEGRAPH AVENUE • OAKLAND 12 • CALIFORNIA — TEMPLEBAR 2-1181 2-1182
BERKELEY CHAPEL • 2414 GROVE STREET • BERKELEY 4 • CALIFORNIA—BERKELEY 7-2538

In account with ~ Bates & Evans Funeral Directors

May 8, 1955

Removal & Enbalming Joseph Schallbetter.....	$ 35.00
Removal Permit.....	1.00
	$ 36.00



By W J Leonard
Asst. Mgr.

Sept. 25, 1955

Dear Sir;

In regards to Mr. Bell's funeral bill I have his property up for sale and just as soon as it is sold I will take care of the bill as you know mrs Bell was not left any cash. Hoping I have not cause you to much trouble. Thank you for your past kindness.

Mrs. B. Hildebrand
109 Parque Drive
San Francisco,
Cal.

10-18-55

Bath - Evans

Dear Mrs. Evans:

From now on Dad will be sending our payment so as not to complicate matters concerning the Social Security as was suggested by them.

Did you receive a answer from my brother? Do you know if he can be held to his agreement? I believe you had him agree that day & also saw him give $25.00. This has been quite hard on us & he can afford his part so I feel he should. If you can help us will be very grateful.

Sincerely,

Delma Klingerman

10-3-55

new address
5321 W Ave M-4
Quartz Hill
Calif.

Betty & Evans

Dear Mr. Evans:

Received the receipt showing balance as $360.87 on Dewey Lambert funeral. I believe there is an error. Our itemized list states total $422.87.

Pictures (we received) 8.42

50.00
20.
20
90.00

431 29
90.

$341.29.

Total pd.

Is this not correct? We do pay the picture to you don't we? If not it will be more less.

My brother, Tom seems to have dropped out. Dad is trying to pay us back when he gets the Social Security but he heard that all the receipts had to be in his name or there would be some confusion. Could we have a receipt of the total pd. so far with no name on it? If this is illegal of course

we don't want it but I hate to hold up on that money as we need it. We're expecting an addition to our family, by the way.

Please answer immediately as Dad has to wait Thurs.

Sincerely,

Delane Klingemeier

9-27-55

Sirs:

Sorry for the delay. We intend to send $20.00 by the 18th of each month.

My brother also agreed to send $20.00 a month. His address is.

145 No. Painter
Whittier, Calif.

Sincerely,

Delone Klingerman

Oscar M. Lambert Father
415 W. Beverly Blvd
Whittier, Calif.

9-29-55 Letter to Bracker —

Dear Mrs. Evans:

Tom's address is
145 NO. PAINTER. We appreciate
your letter. His wife works at
the Whittier Edison Co. He was
released from the service last
month & I'm not sure where he
works but will try & find out.

Thanks you so much

Sincerely,

Delma Klingenmeier

5321 W. Ave M-4
Quartz Hill, Calif.

LANCASTER
OCT 29
3 30PM
1955
CALIF.

UNITED STATES
2 CENTS
POSTAL CARD

THIS SIDE OF CARD IS FOR ADDRESS

Bates + Evans
Sonoma, Calif.

14253

STATEMENT

SANTA ROSA, CALIF., Sept, 2 195 5

M Bates & Evans Walton

Sonoma, Cali.f

IN ACCOUNT WITH

NORTH BAY MONUMENT CO.

Phone 693

212 DAVIS STREET *Off the Freeway* SANTA ROSA, CALIF.

Open & Close Grave	35.00
Inscription	63.00
	98.00

Walton

NORTH BAY MONUMENT CO.

PAID

SEP 2 1955

Thank You.

Page 144

COUNTY OF SONOMA

COURT HOUSE

SANTA ROSA, CALIFORNIA

OFFICE OF
COUNTY ADMINISTRATOR

-8700 mr Smith

August 17, 1955

Bates and Evans
Funeral Directors
691 Broadway
Sonoma, California

Gentlemen:

Some time prior to his death Mr. Henry Dewhirst deeded his property to the County of Sonoma as partial payment for hospital care with the provision that the County would provide a decent and reasonable burial for him upon his death. The Board of Supervisors has agreed that $250.00 is a proper amount to pay for his funeral and burial.

This is your authorization to proceed with the funeral and to bill the County in the amount of $250.00. Enclosed is cremation certificate signed by David Sweeney, Director of Social Service.

Very truly yours,

NEAL D. SMITH
Sonoma County Administrator

NDS:la
enc.

cc: David Sweeney
District Attorney
County Hospital

0078

Bates & Evans

Funeral Directors

SONOMA, CALIFORNIA

Mr. _____

_____

Funeral of Frank Zihlman *Deceased*

PHONE SONOMA 2686 August 17, 1955

Casket, & complete funeral service	$379.00
S.F. Permit	1.00
Mt. Cemetery Burial permit	5.00
Opening grave	60.00
Mass	15.00
Local funeral notice	5.15
Sales tax	5.91
Total	$471.06

Less $18.95 cash discount if paid on, or before Sept. 17, 1955

Filed with Chimes At his request marked paid return receipt

December 4, 1951

TO WHOM IT MAY CONCERN

In case of my death, I wish that the firm of Bates & Evans, Funeral Directors, Sonoma, Calif. be notified at once, and that they take full charge of all my funeral arrangements.

Bates & Evans, Funeral Directors, Phone Sonoma 2686

Also notify my Foster Son, Emil Survei, 224 11th. Ave. San Francisco. Phone Evergreen 6-5374

Signed Frank Bihlman

Zuhlman, Hoping at. Dewey Hotel - 163 - 4th St. S. F.
Phone Douglas 2-5383

EZIO M. PAOLINI
MARIO G. PAOLINI

TELEPHONE
JUNIPER 6-3600

LAW OFFICES
PAOLINI & PAOLINI
4657 MISSION STREET
AT OCEAN AVENUE
SAN FRANCISCO 12, CALIFORNIA

October 13, 1955

Bates and Evans
Funeral Directors
Sonoma, California

Re: Cesare Landini, Estate

Gentlemen:

Your letter of October 10th, 1955, to Mr. John Landini relative to a creditor's claim in the above Estate has been referred to our office for reply.

We wish to advise that Judge Newton Dal Poggetto of your City is the attorney for the Estate.

Very truly yours,

PAOLINI & PAOLINI

Mario G. Paolini

MGP:hw

JULY 16-1956

BATES & EVANS

DEAR MRS EVANS
ENCLOSED TWO CHECKS AMOUNTING TO
60.00 MY JULY 20TH PAYMENT ON ACCOUNT
OF ANNIE GAFFNEY (▮▮▮ DECEASED)
THANK ▮OU

SINCERELY

MARGARET SLAVIN (MISS)
343 SANSOME ST
S.F. CALIF

Margaret Slavin (Miss)

JUNE 15-1956

DEAR MRS EVANS

ENCLOSED CHECK FOR 30.00 (MY JUNE PAYMENT)

DO NOT SEND RECEIPT - UNTIL I SEND IN MY

JULY PAYMENT (60.00) AS I' M GOING ON

VACATION TODAY

THANK YOU

SINCERELY
MARGARET V. SLAVIN

Margaret V Slavin
343 Sansome St
San Francisco Calif.

JUNE 15-1959

DEAR MRS EVANS

ENCLOSED CHECK FOR 30.00 (MY JUNE PAYMENT)

DO NOT SEND RECEIPT - UNTIL I SEND IN MY

JULY PAYMENT (60.00) AS I'M GOING ON

VACATION TODAY

THANK YOU

SINCERELY

MARGARET V. SLAVIN

October 27-1955

Bates & Evans
Sonoma Calif.

Gentlemen:

Sorry about not making my payments- I have been in the hospital for several weeks. Home now and will send you the 75.00 plus Oct 18th 30.00 before the middle of Novemb and you will have no further payment delays.

Thank you.

Margaret V. Slavin
867- 38th Ave.
San Francisco Calif.

JUNE 28 1960

BATES & EVANS
SONOMA CALIF

GENTLEMEN

I PHONED YOU ABOUT THREE WEEKS AGO FOR THE
FOLLOWING INFORMATION -

A DEATH CERTIFICATE FOR

ANNIE GAFFNEY
DIED AUG 30 -1955 - BURIED FROM BATES & EVANS

A DEATH CERTIFICATE FOR
* DAVE GAFFNEY
DIED AROUND THE YEAR 1922 - 1923- 1924-

IF YOU CANNOT SECURE DAVE GAFFNEY'S CERTIFICATE
PLEASE SEND ME THE ONE FOR ANNIE GAFFNEY

THANK YOU

MISS MARGARET V. SLAVIN
47 - AVALON DR
[redacted] DALY CITY CALIF.

* I KNOW DAVE GAFFNEY WAS BURIED IN SONOMA (CATHOLIC CEMETERY)

Margaret V. Slavin

SEPT 8 1955

BATES & EVANS
SONOMA CALIF

GENTLEMEN ACCT ANNIE GAFFNEY

WILL SEND IN MY 75.00 ON THE 30TH OF THIS MONTH -

I SAID I WOULD SEND IT TO YOU ON THE 6TH BUT MY EXTRA MONEY HAS NOT COME IN AS YET

SORRY THE FIRST -CASH PAYMENT- IS A LITTLE DELAYED -

WILL SEND THE 30.00 PER MONTH ON EACH 20TH OF THE MONTH BEGINNING ON OCT 20TH - HOPE THIS IS SATISFACTORY

MANY THANKS

SINCERELY

MARGARET V. SLAVIN
867- 38TH AVE.
S.F. CALIF

Margaret V. Slavin

SEPT 5 1955

DATES & EVANS
SONOMA, CALIF.

GENTLEMEN: ACCT. ANNIE DARFNEY

WILL SEND IN MY $5.00 ON THE 20TH OF THIS
MONTH -
I SAID I WOULD SEND IT TO YOU ON THE 6TH BUT MY EXTRA
MONEY HAS NOT COME IN AS YET -
SORRY THE FIRST CASH PAYMENT- IS A LITTLE DELAYED -
WILL SEND THE $5.00 PER MONTH ON EACH 20TH OF THE MONTH
BEGINNING ON OCT 20TH - HOPE THIS IS SATISFACTORY -

MANY THANKS

SINCERELY

MARGARET V. SLAVIN
857- 30TH AVE.
S.F. CALIF

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

BUREAU OF OLD-AGE AND
SURVIVORS INSURANCE

IN REPLYING, ADDRESS:
SOCIAL SECURITY ADMINISTRATION
DISTRICT OFFICE
1701 4th Street
Santa Rosa, Calif.
March 23, 1956

Bates & Evans
691 Broadway
Sonoma, Calif.

Re: Henry Martens, deceased
A/N 552-14-1021

Gentlemen:

Please complete this form for us carefully - it is the third one you have done on this case. The others showed total expenses of $575.17 and $580.98 respectively. Mr. Martens has said he paid you $580.98. We would appreciate it if you would explain this discrepancy.

Sincerely yours,

GEORGE A. BURKHEAD
District Manager

By Richard T. Darwell Jr.
Claims Representative

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

1701 14th Street
Santa Rosa, Calif.
March 27, 1956

Burton S. Burns
691 Broadway
Corona, Calif.

In re: Henry Martens, deceased
A/N 552-14-1021

Gentlemen:

Please complete this form for us carefully - it is the third one you have done on this case. The others showed total earnings of $575.17 and $580.08 respectively. Mr. Martens has said he paid you $580.08. We would appreciate it if you would explain this discrepancy.

Sincerely yours,

GEORGE A. BUSKIRK
District Manager

By

Claims Representative

WILLIAM M. MALONE
RAYMOND L. SULLIVAN

WILLIAM J. DOWLING, JR.
WILLIAM B. WETHERALL

DOUGLAS 2-7214

LAW OFFICES
MALONE & SULLIVAN
MILLS TOWER
SAN FRANCISCO 4

October 27, 1955

Bates and Evans
Funeral Directors
P. O. Box 535
Sonoma, California

Re: Estate of Kate C. Carriger, Deceased

Gentlemen:

This will acknowledge receipt of your creditor's claim in the amount of $601.56. Actually the presentation of the same is somewhat premature in that no administrator of the estate has been appointed. We have filed a petition for letters of administration on behalf of Mr. Thomas A. Sperry and the petition is set for hearing before the Superior Court in San Francisco on November 18, 1955.

As soon as the court has acted upon the petition we will communicate further with you.

Yours very truly,

MALONE & SULLIVAN

By Dowling

WJD:fmd

WILLIAM M. MALONE
RAYMOND L. SULLIVAN
WILLIAM J. DOWLING, JR.

DOUGLAS 2-7214

LAW OFFICES
MALONE & SULLIVAN
MILLS TOWER
SAN FRANCISCO 4

January 5, 1956

Bates and Evans
Funeral Directors
P. O. Box 535
Sonoma, California

Re: Estate of Kate Carriger, Deceased

Gentlemen:

Enclosed herewith is estate check No. 1 to your order in the amount of $601.56 in payment of your claim against the above captioned estate.

We would appreciate it if you would be good enough to send us a receipt for this payment in due course.

Yours very truly,

MALONE & SULLIVAN

By

WJD:fmd

Enc.

FORM OA-C721
(11-53)

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF OLD-AGE AND SURVIVORS INSURANCE

FORM APPROVED.
BUDGET BUREAU NO. 72-R283.2.

We have been informed that you rendered the last services to the deceased named below. It will be appreciated if you will complete the lower portion of this form for the records of the Social Security Administration and return it in the enclosed addressed envelope, which requires no postage.

Albert Richards
(NAME OF DECEASED)

Bates & Evans Funeral Home
Sonoma
California

558-10-8184
(SOCIAL SECURITY ACCOUNT NUMBER)

16—42482-7 GPO

(YOU MAY DETACH HERE AND SAVE TOP PORTION FOR YOUR FILES)

FORM OA-C721
(11-53)

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF OLD-AGE AND SURVIVORS INSURANCE

FORM APPROVED.
BUDGET BUREAU NO. 72-R283.2.

We have been informed that you rendered the last services to the deceased named below. It will be appreciated if you will complete the lower portion of this form for the records of the Social Security Administration and return it in the enclosed addressed envelope, which requires no postage.

Albert Richards
(NAME OF DECEASED)

558-10-8184
(SOCIAL SECURITY ACCOUNT NUMBER)

Bates & Evans
Broadway
Sonoma, California

16—42482-7 GPO

(YOU MAY DETACH HERE AND SAVE TOP PORTION FOR YOUR FILES)

Bates & Evans

Funeral Directors

SONOMA, CALIFORNIA

Mr. _____

_____

Funeral of Carl G. Evert *Deceased*

PHONE SONOMA 2686 Oct. 31, 1955

Casket, & complete funeral services	$379.00
Cremation & permit	45.50
Local funeral notice	5.15
Sales tax	5.69
Napa paper , no chg.	
Total	$435.34

Less $18.95 cash discount if paid on, or before Nov. 30,1955

RELINQUISHMENT OF RIGHT IN CEMETERY PLOT

This is to certify that the undersigned who severally hold an interest in a certain plot in Mountain Cemetery belonging to the City of Sonoma, hereby relinquish to _____, all their right, title and interest in and to a one-half portion of said plot, such portion having been designated on the surface of said plot and marked by a concrete coping to be installed at the expense of said _____.

This relinquishment is given in consideration of the payment of _____ Dollars, which is to cover the cost of stone and concrete work performed in connection with said plot.

Dated:

Signed: Phulip C Bill

Mrs Elma Jorgensen

Mrs Estelle Lambetta

Roy M Bill

_____

RELINQUISHMENT OF RIGHT IN CEMETERY PLOT

This is to certify that the undersigned who severally hold an interest in a certain plot in Mountain Cemetery belonging to the City of Sonoma, hereby relinquish to _____, all their right, title and interest in and to a one-half portion of said plot, such portion having been designated on the surface of said plot and marked by a concrete coping to be installed at the expense of said _____.

This relinquishment is given in consideration of the payment of _____ Dollars, which is to cover the cost of stone and concrete work performed in connection with said plot.

Dated:

Signed: Philip C Bill

Mrs Elma Jorgensen

Mrs Estelle Lambetta

Roy A Bill

_____